



Arlington Heights Nursery School
Established 1965

Application for Admission 2019-2020

Child Information

First Name _____ Middle _____ Last _____

Sex _____ Date of Birth _____

Home Address _____ Town _____ Zip _____

Telephone _____ Requested Start date (if other than September) _____

Parent or Guardian Information

First Name _____ Last _____ Email Address _____

Home Address _____ Town _____ Zip _____

Home Phone # _____ Cell Phone # _____ Business Phone # _____

Occupation _____ Work Address _____

Parent or Guardian Information

First Name _____ Last _____ Email Address _____

Home Address _____ Town _____ Zip _____

Home Phone # _____ Cell Phone # _____ Business Phone # _____

Occupation _____ Work Address _____

Family Information

Has anyone in your family attended Arlington Heights Nursery School? Yes No

If so, was the person this child's: Sibling Parent Other family member

Name _____ Dates attended _____

Have you applied to Arlington Heights Nursery School before? Yes No

If yes, what year? _____ Was application for this child or a sibling? _____

How did you hear about our school: Website Friend/Family Facebook Hulafrog

Arlington Parents Email List Arlington Family Connection/Options Book Other _____

Parent Signature _____ Date _____

Please note that a \$50.00 non-refundable application fee must accompany this application.

Checks may be made out to AHNS.

-OVER-

For School Use Only

Program _____

Date Received _____

Fee Received

Tour Date _____

Date Ack. Sent _____

Please indicate your first and second choice for a full year (September 2019-August 2020) or school year (September 2019-June 2020) option below in the appropriate program for the age of your child:

Infant and Toddler Programs

Full Year Schedule Options 2 months old to 2 years, 9 months old when starting

Please indicate first and second choice:

3 days Monday, Wednesday, Friday	7:30-3:00 PM ___	7:30-5:30 PM ___
3 days Tuesday, Thursday, Friday	7:30-3:00 PM ___	7:30-5:30 PM ___
4 days Monday through Thursday	7:30-3:00 PM ___	7:30-5:30 PM ___
5 days Monday through Friday	7:30-3:00 PM ___	7:30-5:30 PM ___

School Year Schedule Options 2 years old by August 31st

Please indicate first and second choice:

3 days Monday, Wednesday, Friday	8:30 AM – 12:30 PM ___
3 days Tuesday, Thursday, Friday	8:30 AM – 12:30 PM ___
4 days Monday through Thursday	8:30 AM – 12:30 PM ___
5 days Monday through Friday	8:30 AM – 12:30 PM ___

Preschool Program

 2 years, 9 months old by August 31st

Full Year Schedule Options

Please indicate first and second choice:

3 days Monday, Wednesday, Friday	7:30-3:00 PM ___	7:30-5:30 PM ___
3 days Tuesday, Thursday, Friday	7:30-3:00 PM ___	7:30-5:30 PM ___
4 days Monday through Thursday	7:30-3:00 PM ___	7:30-5:30 PM ___
5 days Monday through Friday	7:30-3:00 PM ___	7:30-5:30 PM ___

School Year Schedule Options

Please indicate first and second choice:

3 days Monday, Wednesday, Friday	8:30 AM – 12:30 PM ___
3 days Tuesday, Thursday, Friday	8:30 AM – 12:30 PM ___
4 days Monday through Thursday	8:30 AM – 12:30 PM ___
5 days Monday through Friday	8:30 AM – 12:30 PM ___

Pre-Kindergarten Program

 4 years old by August 31st

Full Year Schedule Options

Please indicate first and second choice:

3 days Monday, Wednesday, Friday	7:30-3:00 PM ___	7:30-5:30 PM ___
3 days Tuesday, Thursday, Friday	7:30-3:00 PM ___	7:30-5:30 PM ___
4 days Monday through Thursday	7:30-3:00 PM ___	7:30-5:30 PM ___
5 days Monday through Friday	7:30-3:00 PM ___	7:30-5:30 PM ___

School Year Schedule Option

5 days Monday through Friday	8:30 AM – 12:30 PM ___
4 days Monday through Thursday	8:30 AM – 12:30 PM ___