

Date of application: _____

Child's Information

Date of Birth _____ OR Due Date _____

First Name _____ Middle _____ Last _____

Home Address _____ Town _____ Zip _____

Telephone _____ Requested Start date (month/year) _____

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 (Who referred you?: _____)

☐ Facebook ☐ Hulafrog ☐ Arlington Parents Email List ☐ Arlington Family Connection/Options Book

☐ Other _____

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 _____

Infant and Toddler Programs

Full Year Schedule Options (September 2026-August 2027):

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 (September 2026-August 2027):

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 and Pre-K Programs

Preschool: 2 years, 9 months old by August 31st

Pre-K: 4 years old by August 31st

Full Year Schedule Options (September 2026-August 2027):

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 (September 2026-August 2027):

Please indicate first and second choice:

3 days Monday, Wednesday, Friday	____ 8:30 AM – 12:30 PM (not offered for Pre-K)
3 days Tuesday, Thursday, Friday	____ 8:30 AM – 12:30 PM (not offered for Pre-K)
4 days Monday through Thursday	____ 8:30 AM – 12:30 PM
5 days Monday through Friday	____ 8:30 AM – 12:30 PM