



Calvert Nursery School

P.O. Box 1762
Prince Frederick, MD 20678
Phone 410-535-0577

APPLICATION FOR ENROLLMENT

Child's Name: _____ Birth Date: _____
Mother's Name: _____ Father's Name: _____
Mother's Address: _____
Father's Address: _____
Home Phone #: _____ E-mail: _____

Please enroll our child in the following class:

Three Year Olds Four Year Olds
(Must be 3 by Sept. 1) (Must be 4 by Sept. 1)

We prefer: Morning Afternoon No Preference

Please list any special health or educational concerns at this time: _____

Priority Status (applies only to applications received prior to March 1):

Currently Enrolled Sibling attended CNS-year None

We first learned about the Calvert Nursery School through: _____

I understand that Calvert Nursery School is a parent cooperative and I will be available and willing to cooperate in the operation of the school. Parental obligations will be explained by the Membership Chairperson and/or President prior to acceptance.

Parent Signature Date Parent Signature Date

Applications must be returned by mail, accompanied by a \$50 non-refundable application fee to:

Calvert Nursery School
c/o Caroline Allie
25 Spring Hill Court
Prince Frederick, MD 20678