



The Medical Center Nursery School
2024 - 2025 APPLICATION FOR ADMISSION

APPLICANT

CHILD'S NAME: _____ DATE OF BIRTH _____
(first) (middle) (last) (month) (day) (year)

ADDRESS: _____
(number and street) (apartment number) (city) (state) (zip code)

TELEPHONE: _(_____)_____

FEMALE

MALE

Child's previous school or group experience:

Name of School or Program: _____

Hours per day/week _____ Length of Attendance: _____

Classes: _____

How did you hear about MCNS? _____

FAMILY

PARENT'S NAME: _____

PARENT'S NAME: _____

Address (if different from child's): _____

Address (if different from child's): _____

Telephone: _(_____)_____

Telephone: _(_____)_____

E-Mail: _____

E-Mail: _____

Title (if applicable): _____

Title (if applicable): _____

Employer: _____

Employer: _____

Business Address: _____

Business Address; _____

Business Telephone: _(_____)_____

Business Telephone: _(_____)_____

OTHER CHILDREN IN THE FAMILY (not including the applicant):

Name: _____ Birthdate: _____ School: _____

Name: _____ Birthdate: _____ School: _____

OTHER PERSONS LIVING IN THE HOUSEHOLD (not including the applicant and other immediate family members listed above):

Name: _____ Relationship: _____

Name: _____ Relationship: _____

PLEASE CONTINUE ON THE OTHER SIDE.

COLUMBIA AFFILIATION

IS A PARENT A CURRENT COLUMBIA UNIVERSITY STUDENT?

YES NO

If yes, who? _____

IS A PARENT A CURRENT COLUMBIA UNIVERSITY STAFF MEMBER/EMPLOYEE?

YES NO

If yes, who and what is (are) the position (s)/title (s)? 1) _____

2) _____

PROGRAMS

PLEASE CHECK YOUR PREFERENCE OF PROGRAMS OFFERED:

ACADEMIC YEAR: Half Day Extended Day Full Day

Three Day Explorers (2 year olds ONLY)* Half Day Extended Day Full Day **priority will be given to 5 day applicants*

Half Day: 12: 45 dismissal

Extended Day: 3:30 dismissal

Full Day: 6:00 dismissal

TUITION REDUCTION

DO YOU WISH TO APPLY FOR FINANCIAL AID?

YES NO

Please note that completed Financial Aid Applications must be submitted by January 11, 2024 to TADS.com Financial Aid applications for Early Notification candidates must be submitted by November 17, 2023. A limited amount of aid may be available after the deadlines.

ADDITIONAL COMMENTS: If applying for Three Day Explorers, please indicate the 3 days you prefer.

SIGNATURE: _____ **DATE:** _____

The Medical Center Nursery School admits students of any race, religion, ethnic background, or sex to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, ethnic background, or sex in the administration of its educational policies, admissions policies, financial aid programs, and other programs administered by the school.

FOR OFFICE USE ONLY

Date received: _____ Fee received: _____ Date of school visit: _____