

Washington University Nursery School
Application for Admission
(314) 935-6689

AN APPLICATION FEE OF \$40.00 MUST ACCOMPANY THIS FORM.
THIS FEE IS NOT REFUNDABLE AND IS NOT APPLICABLE TO TUITION.

Date _____

Child's Name _____ Telephone _____

Date of Birth ____/____/____ Age _____ Sex _____

Child's Home Address _____ Zip Code _____

Family Email Address _____

Full Name of Child's Parent/Guardian _____

Relationship to Child _____

Position and Occupation _____

Employed By _____ Telephone _____

Full Name of Child's Parent/Guardian _____

Relationship to Child _____

Position and Occupation _____

Employed By _____ Telephone _____

Please give name and affiliation of anyone in the child's immediate family who has a current affiliation with Washington University.

Is anyone in the child's immediate family an alumna/us of Washington University? ___Yes ___No

Who? _____

Does the applicant have a sibling who has attended the nursery school before? Please list name(s) and dates attended. _____

People in household _____ Father _____ Mother _____ Siblings _____ Other _____

Language(s) spoken in child's home _____

Does child have any special needs? _____

Please check your preference _____ A.M. Session _____ P.M. Session _____ All-Day Session

For the school year beginning September _____

Where did you hear about our school? _____

Mailing address

Washington University Nursery School
Campus Box 1037
One Brookings Drive
St. Louis, MO 63130-4899

School address for visits

Washington University Danforth Campus
6926 Forest Park, Building 2
St. Louis, MO 63130

-----For Office Use Only-----

Processing fee _____ Acceptance Forwarded _____ Tuition Deposit Rec _____
