



Pre-Kindergarten Application Form

Child's name: _____ Nickname: _____

Birth date: _____ / _____ / _____ Gender: Male / Female

First Parent/Guardian's Name: _____

Home address: _____ Apartment #: _____

City & Zip: _____ Home Phone: _____

Employer: _____ Occupation: _____

Workplace address: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

Second Parent/Guardian's Name: _____

Home address: _____ Apartment #: _____

City & Zip: _____ Home Phone: _____

Employer: _____ Occupation: _____

Workplace address: _____ Work Phone: _____

Email address: _____ Cell Phone: _____

Child's primary language: _____

Please list any formally-diagnosed developmental delays or special needs:

Little Nest students must be fully immunized to attend, unless medically exempt.

Applications will be reviewed on a first come, first serve basis. Consideration of classroom gender balance will also help to determine enrollment. Little Nest does not discriminate on the basis of race, ethnicity, religion, sexual orientation, or disability.

Please mail completed application along with a \$45 non-refundable application fee (payable to Little Nest Learning Center) to 50 Downing Street #1, Brooklyn, NY 11238.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____