HILLTOP CHRISTIAN NURSERY SCHOOL

"Hilltop House"- First Presbyterian Church 14 Hilltop Road Mendham, NJ 07945 Telephone: 973-543-0054

APPLICATION FOR ENROLLMENT (2023-24)

Date:	Indicate 1st & 2nd choice:
Child's Name:	
Name child likes to be called:	2 ½ 17Th 9:00 – 11:30 AM2 ½ M/W-Jan. 9:00 – 11:30 AM
Date of birth:	3 M/W/F 9:00 – 11:30 AM
Street Address:	
Town, State, Zip:	4 M Th 12:30 3:00 PM
Telephone (home):	E-mail:
**My child can only attend the AM	or PM session for the following reasons:
E.d. 2. No.	Mada 2 Nama
Father's Name:Father's Address:	Mother's Name: Mother's Address:
Employer:	Employer:
Business Phone:	Business Phone:
Father's Cell Phone:	Mother's Cell Phone:
Child's Doctor:	Doctor's Phone:
Doctor's Address:	
List any allergies/medications/handi	caps/special accommodations:
Person authorized to assume respon	sibility for the child if parent is not available:
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone:	

Other children in the family and dates of birth:	
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5.	
How did you hear about Hilltop Christian Nursery School?	
Previous schools attended or other opportunities for play with children:	
What upsets or frightens your child?	
What does your child find soothing or comfortable?	
How is your child reacting to strangers?	
What are your child's favorite toys or activities?	
Please write any helpful information you would like to share about your child and family that would assist our staff in providing a quality pre-school experience for your child:	
Check one: Applicant is a returning student or sibling	
Applicant is part of an alumnae family	
Applicant is part of an active Hilltop Church family	
Applicant is new to Hilltop Christian Nursery School	

Please enclose a \$75.00 non-refundable registration fee with this application.

Make checks payable to:

Hilltop Christian Nursery School