

ADMISSIONS APPLICATION

School Year \_\_\_\_\_

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ D.O.B \_\_\_\_\_

Street Address \_\_\_\_\_

City and ZIP code \_\_\_\_\_ Home phone \_\_\_\_\_

Guardian Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Work phone \_\_\_\_\_

Guardian 2 Name \_\_\_\_\_ Occupation \_\_\_\_\_

Work Address \_\_\_\_\_ Work phone \_\_\_\_\_

Does the applicant have any siblings? If so, their names and ages:

\_\_\_\_\_

Does applicant have any prior group/school experience? If so, where and when:

\_\_\_\_\_

\_\_\_\_\_

Affiliation, if any, with NYU (include any siblings that have attended UPNS)

\_\_\_\_\_

Please mail this form, together with a non-refundable \$50.00 (\$75.00 for twins)

application fee to:

ADMISSIONS

University Plaza Nursery School

110 Bleecker Street

New York, NY 10012

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For official use only:

Date received: Age/Class: