

COMMUNITY WAITING LIST APPLICATION

BARD COLLEGE CHILDREN'S CENTER and NURSERY SCHOOL

Annandale Road, Annandale-on-Hudson, NY 12572

845-758-7480

Date of Application: _____ Applying for fall 20 _____

Child's Birthday: _____
(month/day/year)

Child's Name: _____ Boy or Girl
(last name) (first name) (circle)

Parent/Guardian: _____

Address: _____ Zip _____

Home Phone: _____ Email: _____

Cell Phone: _____

Parent/Guardian: _____

Address: _____ Zip _____

Home Phone: _____ Email: _____

Cell Phone: _____

How did you hear about our program?

How many days per week are you interested in? Three Four Five

Do you also anticipate needing afternoon child care? Yes No

If Yes, child care hours until 12:30? 3:30? 4:30 or 5:30

Office use: Date Received

**Return this form with a \$25.00 application fee to:
Bard College Nursery School, P.O.Box 5000, Annandale-On-Hudson, NY 12504**