

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

AN APPLICATION FEE OF \$40.00, MADE PAYABLE TO WASHINGTON UNIVERSITY NURSERY SCHOOL, MUST ACCOMPANY THIS FORM. THIS FEE IS NONREFUNDABLE AND IS NOT APPLICABLE TO TUITION.

Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Child's Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Full Name of Child's Parent/Guardian \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Position and Occupation \_\_\_\_\_

Employed By \_\_\_\_\_ Telephone \_\_\_\_\_

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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 \_\_\_\_\_ (Child must be three years by January 31, second semester of the school year.)

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**

6926 Forest Park, Building 2  
St. Louis, MO 63130

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

Processing fee \_\_\_\_\_ Acceptance Forwarded \_\_\_\_\_ Tuition Deposit Rec \_\_\_\_\_