



**Application for  
Admission  
2024-2025**

**Please send your application  
and \$75.00 non-refundable  
deposit (\$50.00 for returning  
students) to:**

Little Nest  
300 N. Broadway  
Nyack, NY 10960

Application date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's DOB: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_

City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please notify the school if you have an address change during your child's attendance.

**Please Indicate Your Program of Choice Below:**

All programs run from 8:45 am-11:30 am

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2 Days a week</b> (Tue/Thurs)	<b>3 Days a week</b> (Mon/Wed/Fri)	<b>5 Days a week</b> (Monday-Friday)
Monthly Tuition \$360	Monthly Tuition \$450	Monthly Tuition \$660

\*Monthly tuition includes a daily healthy snack

Parent/Guardian Name (Printed): \_\_\_\_\_

Parent/Guardian Name Signature: \_\_\_\_\_

**Application process:**

1. Please submit your application with a **non-refundable \$75.00 application fee. (\$50 for returning students.)**
2. New children will be invited for a one hour classroom intake interview prior to admission.
3. Once admitted, a non-refundable **tuition deposit of one month tuition** (to be applied to the month of June 2025) is due to reserve your child's place.

**Please complete both pages**

# Little Nest Admissions Application

Parent/Guardian Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Current Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Occupation: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Pediatrician's Name: \_\_\_\_\_

Pediatrician's Address: \_\_\_\_\_

Pediatrician's Phone #: \_\_\_\_\_

Others living with your child (Siblings, grandparents etc.): \_\_\_\_\_

Allergies or medical issues: \_\_\_\_\_

Has your child been evaluated or recieved Early Intervention services: \_\_\_\_\_

Prior school or group experience: \_\_\_\_\_

Anything else you would like us to know about your child: \_\_\_\_\_

Where did you hear about Little Nest: \_\_\_\_\_

What are your hopes for your child's pre-school experience: \_\_\_\_\_