

4512 College Avenue • College Park, MD 20740 301-864-5355 • www.cpnsk.com

APPLICATION FOR ADMISSION

Child's Name: (Please print)	First	Middle	Last	Nick	zname
Date of Birth:		Sex			
Class Preferen	ce (Teacher/C	lass/Academic Year):			
1st Ch	noice:				
2nd C	hoice:				
Home Address		 			
	Street				Apt. No.
	City			State	Zip
Parent 1 Name	:		Mobile Phone:		
Email:			Home Phone:		
Parent 2 Name	2:		Mobile Phone:		
Email:			Home Phone:		
Check If Appr	opriate: C	urrent Member:	Alumni:		
How did you le	earn about the	school?			
first and last m	nonths' tuition e month in adv	is due upon acceptance or vance (e.g., Dec. tuition is	ompany this form (\$60.00 of enrollment. Thereafter s due Nov. 1, etc.). Please	r, tuition is due o	on the 1st of
Return to:	P.O. Box 12	k Nursery School & Kind 22 k, MD 20741	dergarten		
For staff use o	nly				
Date received		Application Fee receiv	ved (check no.)		