

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 \$35.00 (\$50.00 for twins) application fee to:

**ADMISSIONS
University Plaza Nursery School
110 Bleecker Street
New York, NY 10012**

For official use only:

Date received:

Age/Class: