



585 General Steuben Rd, King of Prussia, PA 19406
umbaptistnurseryschool@gmail.com

Application 2024-2025

Child's First & Last Name: _____

Child's Birth date: _____ Girl _____ Boy _____

Siblings names and ages _____

Home Address: _____

Mom's Name: _____

Phone: _____ Email: _____

Dad's Name: _____

Phone: _____ Email: _____

Does your Child feed him/herself? _____ Does your child enjoy playing with others? _____

Please list any medical diagnosis. (*Allergy, Asthma, Autism, RSV, etc*) _____

Does your child need any accommodation to attend school? _____

If yes, please describe: _____

Morning Classes are 9:00-Noon. Please Circle Preferred Class Option:

Twos T,Th or M,W,F **Threes** T,W,Th or M-F **PreK** M-Th or M-F

Child is likely to attend Lunch Bunch? Yes or No

** Potty trained kids may attend Lunch Bunch M-F until 2:00 pm, extra fees apply.

Non-refundable application fee: \$100

Payment Method _____ Date form returned to UMBNS _____