



CHILD REGISTRATION FORM

2017-2018

Child Information

Last Name: _____ First Name: _____ Gender: M/F
 Date of Birth: _____ Age: _____ Start Date: _____

Pre-K

_____ Pre-K a.m.
 _____ Pre-K p.m.
 _____ Pre-K Full Day

Preschool:

_____ MWF a.m. PS _____ TT a.m. PS _____ 5 Full Days Preschool
 _____ MWF p.m. PS _____ TT p.m. PS
 _____ MWF Full Day _____ TT Full Day

Allergies or other important information: _____

Parent/Guardian Information

Mother

First Name: _____

Last Name: _____ City: _____ State: _____ Zip Code: _____
 Home Address: _____ Home Phone: _____
 Cell Phone _____
 Employer: _____ Work Phone _____
 Address: _____ Email Address _____
 City _____ State _____ Zip _____

Father

First Name: _____

Last Name: _____ City: _____ State: _____ Zip Code: _____
 Home Address: _____ Home Phone _____
 Cell Phone _____
 Employer: _____ Work Phone _____
 Address: _____ State _____ Zip _____ Email Address _____
 City _____

Siblings and ages:

For Office use only:	\$	Tuition	Rec'd all paperwork: _____
Check # _____	\$	Registration Fee	FA Sent: _____
Amount: \$ _____		Total	Lunch Bunch: <u>Yes/No</u>
Date: _____			



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Outdoor Permission

I give permission for my child, _____
to use the CFCNS outdoor playground; to go outside near the building for a story, songs, etc,
during school hours. I understand that my child will be supervised at all times and that all
necessary precautions will be taken to ensure the safety of my child at all times.

Parent/Guardian Signature: _____ Date: _____

How Did you Hear About Connecticut Farms Church Nursery School?

- _____ Word of Mouth
- _____ Referred by a friend
- _____ Drive by
- _____ Website or Facebook Page
- _____ Other

Fees

I understand and will abide by the following fee schedule:

Registration Fee	\$50.00	(Non-Refundable)
Late Tuition Payment (per week late)	\$25.00	
Class Change	\$25.00	
Late Pick-up (for each 30 minutes late)	\$20.00	
Lunch Bunch (for children staying all day)	\$2.00/day with \$50 initial cash deposit	
NSF or Bounced Check Fees	\$25.00 per occurrence	
Paperwork Replacement	\$1.00 per page	

I understand and agree to the fees, policies and requirements as outlined in the CFCNS Child
Registration Form, Parental Information Pack and Financial Agreement. I also understand that
tuition is due in a timely manner regardless of holidays, vacations, sick days or snow days.

Parent/Guardian: _____ Date: _____

Parent/Guardian: _____ Date: _____

For Office use only:



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Morning Care and After Care Program*

I wish to enroll my child in the program indicated below. I have the option to provide a daily breakfast for my child to eat during the program.

I also understand that payment for each Morning and/or After Care Program is due on the FIRST school day of each month my child is enrolled. This fee is non-refundable in the event my child is absent or school is closed due to inclement weather or any unforeseen circumstance. _____ Please initial

Morning Care Hours: 8:00 a.m. to 9:00 a.m.

_____	5 days per week	\$165.00 per month
_____	3 days per week	\$115.00 per month
_____	2 days per week	\$70.00 per month

* Program is subject to adequate enrollment.