



## CHILD REGISTRATION FORM

2018-2019

### Child Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M/F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Start Date: \_\_\_\_\_

Name Your Child Wishes to be Called at School: \_\_\_\_\_

#### Pre-K

\_\_\_\_\_ Pre-K AM

\_\_\_\_\_ Pre-K PM

\_\_\_\_\_ Pre-K Full Day

#### Pre-K Wrap Around

\_\_\_\_\_ AM 5 Days

\_\_\_\_\_ PM 3 Days

\_\_\_\_\_ PM 5 Days

#### Preschool:

\_\_\_\_\_ MWF AM PS

\_\_\_\_\_ MWF PM PS

\_\_\_\_\_ MWF Full Day

\_\_\_\_\_ TT AM PS

\_\_\_\_\_ TT PM PS

\_\_\_\_\_ TT Full Day

\_\_\_\_\_ 5 Full Days Preschool

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: Yes/No

Date: \_\_\_\_\_ Revised 10/3/1

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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	

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	\$150.00 per month
_____	3 days per week	\$90.00 per month
_____	2 days per week	\$60.00 per month

\* Program is subject to adequate enrollment.