



Connecticut Farms Church Nursery School

Registration Form 2019-2020

Start Date: _____ Date of Birth: _____

Child's Name _____ Gender: M/F

Name your child wishes to be called at school: _____

1 – Parent's Name: _____

Address: _____

Telephone (H) _____ (C) _____

Occupation: _____ (W) _____

Email Address: _____

2 – Parent's Name: _____

Address: _____

Telephone (H) _____ (C) _____

Occupation: _____ (W) _____

Email Address: _____

Language(s) spoken at home: _____

Does your child have siblings?(Name and Ages) : _____

Does your child have any **ALLERGIES?** Explain: _____

Are there any medical concerns that we should be aware of? Please Explain: _____

Please Choose a Program:

_____ **Pre K - 5 Days** : Monday – Friday AM Session 9 AM – 11:30 AM

_____ **Pre K - 5 Days**: Monday – Friday FULL DAY 9 AM – 2:30 PM

_____ **Pre K - 5 Days**: Monday – Friday PM Session 12:00 PM - 2:30 PM

(Must be 4 years old by October 31st)

_____ **Preschool** - 5 Days: Monday – Friday AM Session 9 AM– 11:30 AM

_____ **Preschool** - 5 Days: Monday – Friday FULL DAY 9 AM – 2:30 PM

_____ **Preschool** - 5 Days: Monday – Friday PM Session 12:00 PM – 2:30 PM

_____ **Preschool** – 3 Days: Mon/Wed/Fri AM Session 9 AM – 11:30 AM

_____ **Preschool** - 3 Days: Mon/Wed/Fri FULL DAY 9 AM – 2:30 PM

_____ **Preschool** - 3 Days: Mon/Wed/Fri PM Session 12:00 PM – 2:30 PM

_____ **Preschool** - 2 Days: Tuesday / Thursday AM Session 9 AM – 11:30 AM

_____ **Preschool** - 2 Days: Tuesday / Thursday FULL DAY 9 AM – 2:30 PM

_____ **Preschool** - 2 Days: Tuesday / Thursday PM Session 12:00 PM – 2:30 PM

(Must be 3 years old by October 1st)

**** All children Must Be Completely Potty Trained ****

Indicate your Choice:

_____ Before Care 8 AM – 9AM

_____ After Care 2:30 PM- 3:30 PM

The afternoon sessions will only open once the morning sessions are full. We reserve the right not to offer the afternoon sessions if there is insufficient enrollment

****The one month tuition installment deposit will be refunded if the school is notified of the child’s withdrawal before July 1, 2019****

For Office Use Only:

Check # _____

\$ Tuition

Recd All Paperwork: _____

Amount \$ _____

\$ Registration Fee

FA Sent: _____

Date: _____

Total