



Connecticut Farms Church Nursery School

Registration Form 2024-2025

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:**

**Month Tuition**

\_\_\_\_\_ **Pre-K - 5 Days: Monday – Friday AM Session 8:45AM – 11:30 AM** \$480

\_\_\_\_\_ **Pre-K - 5 Days: Monday – Friday FULL DAY 8:45 AM – 2:30 PM** \$740

**(Must be 4 years old by November 1<sup>st</sup> )**

\_\_\_\_\_ **Preschool - 5 Days: Monday – Friday AM Session 9 AM– 11:30 AM** \$495

\_\_\_\_\_ **Preschool - 5 Days: Monday – Friday FULL DAY 9 AM – 2:30 PM** \$840

\_\_\_\_\_ **Preschool – 3 Days: Mon/Wed/Fri AM Session 9 AM – 11:30 AM** \$360

\_\_\_\_\_ **Preschool - 3 Days: Mon/Wed/Fri FULL DAY 9 AM – 2:30 PM** \$645

\_\_\_\_\_ **Preschool - 2 Days: Tuesday / Thursday AM Session 9 AM – 11:30 AM** \$255

\_\_\_\_\_ **Preschool - 2 Days: Tuesday / Thursday FULL DAY 9 AM – 2:30 PM** \$395

**(Must be 3 years old by December 1<sup>st</sup> )**

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

**Indicate your Choice:**

\_\_\_\_\_ Before Care 8 AM – 9AM

\_\_\_\_\_ After Care 2:30 PM- 3:30 PM

**A non-refundable Registration Fee of \$75 must be submitted at the time of Registration**

**\*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, 2024\*\***

**Parent Signature:**

**Date:**

For Office Use Only:

Check # \_\_\_\_\_

\$ Tuition

Recd All Paperwork: \_\_\_\_\_

Amount \$ \_\_\_\_\_

\$ Registration Fee

FA Sent: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_