



REGISTRATION FORM

4-DAY

MON-TUES-WED-THURS
 5A.M. _____ (9AM - 12) \$280/MTH
 P.M. _____ (12:30 - 3:30) \$280/MTH

5-DAY

MON-TUES-WED-THURS-FRI
 HALF DAY _____ (8:30AM-1) \$560/MTH
 FULL DAY _____ (8:30AM-4:00PM) \$190./WK

3-DAY

MON-WED-FRI
 A.M. _____ (9AM - 12) \$240/MTH

TUES-THURS-FRI
 A.M. _____ (9AM - 12) \$240/MTH

TUES - WED - THURS
 PM _____ (12:30 - 3:30) \$240.MTH

2-DAY

TUES. - THURS
 A.M. _____ (9AM - 12) \$200./MTH
 P.M. _____ (12:30 - 3:30) \$200/MTH

MON - WED
 A.M. _____ (9AM - 12) \$200./MTH
 P.M. _____ (12:30 - 3:30) \$200./MTH

FULL DAY PRESCHOOL WITH FULL DAY CARE:(INCLUDES SCHOOL INSERVICE DAYS AND VACATION DAYS) MONDAY-FRIDAY: 7:00AM-5:30PM (\$220.00/PER WEEK)_____

**ADDITIONAL INDIVIDUAL CARE:WHEN AVAILABLE: \$8.00/ PER HOUR(INDICATE HOURS BELOW)
 YOUR CHILD'S WEEKLY SCHEDULE(PLEASE LIST THE HOURS YOUR CHILD WILL BE IN IN CARE):**

MONDAY: _____ TUESDAY: _____
 WEDNESDAY: _____ THURSDAY: _____
 FRIDAY: _____

START DATE _____

CHILD'S NAME: _____ BIRTH DATE: _____

NICKNAME: _____ PHONE: _____

HOME ADDRESS: _____

MAILING ADDRESS(IF DIFFERENT): _____

E-MAIL ADDRESS(PLEASE PRINT CLEARLY)#1 _____
 #2 _____

WHERE WILL YOUR CHILD ATTEND KINDERGARTEN? _____

FATHER'S NAME: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ WORK#: _____
 ADDRESS: _____

MOTHER'S NAME: _____ OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ WORK#: _____
 ADDRESS: _____

PLEASE LIST THE NAMES AND AGES OF OTHER CHILDREN IN YOUR FAMILY:

HAS YOUR CHILD HAD ANY PREVIOUS SCHOOL EXPERIENCE? _____

DO YOU EXPECT ANY SEPERATION PROBLEMS? _____

DOES YOUR CHILD HAVE ANY ALLERGIES, OR REQUIRE ANY SPECIAL CARE?

ARE THERE ANY TOILET TRAINING PROBLEMS WE SHOULD BE AWARE OF?

DO YOU HAVE ANY SPECIAL SKILL OR ACTIVITY THAT YOU WOULD LIKE TO SHARE WITH THE CLASS? _____

WHO WILL BE TRANSPORTING YOUR CHILD TO/FROM SCHOOL? _____

IF YOUR CHILD BECOMES PART OF A CARPOOL, WE WILL NEED WRITTEN NOTIFICATION.

PLEASE LIST THE NAMES OF TWO OTHER PEOPLE WE CAN CALL TO PICK UP YOUR CHILD, IN CASE WE CANNOT REACH YOU.

1. _____ PHONE#: _____

2. _____ PHONE#: _____

NAME OF DOCTOR AND HOSPITAL YOU WANT US TO CALL IN CASE OF AN EMERGENCY.

DOCTOR: _____ PHONE#: _____

HOSPITAL: _____

IN CASE OF EMERGENCY, I GIVE MY PERMISSION FOR MEDICAL SERVICES TO BE ADMINISTERED TO MY CHILD _____.

(PARENT/GUARDIAN SIGNATURE)

DATE: _____

EACH APPLICATION MUST BE ACCOMPANIED BY A \$75.00 DEPOSIT/FOR 3'S; \$100.00 DEPOSIT/FOR 4'S. THIS IS A NON-REFUNDABLE FEE WHICH ASSURES YOUR CHILD OF A PLACE IN A CLASS AT OUR SCHOOL.(THIS DEPOSIT IS NOT APPLIED TOWARD TUITION).

CHECKS MAY BE MADE OUT TO: THE LITTLE NURSERY SCHOOL

PLEASE RETURN FORMS TO:

**685 OLD POST RD.
TOLLAND, CT. 06084**