



2024- 2025
REGISTRATION FORM

4-DAY

MON-TUES-WED-THURS
5A.M. _____ (9AM – 12) \$350/MTH
P.M. _____ (12:30 – 3:30) \$350/MTH

5-DAY

MON-TUES-WED-THURS-FRI

FULL DAY _____ (8:30AM-4:00PM)\$260./WK

3-DAY

MON-WED-FRI
A.M. _____ (9AM – 12) \$300/MTH

TUES-THURS-FRI
A.M. _____ (9AM – 12) \$300/MTH

TUES – WED – THURS
PM _____ (12:30 – 3:30) \$300.MTH

2-DAY

TUES. – THURS
A.M. _____ (9AM – 12) \$265./MTH

P.M. _____ (12:30 – 3:30) \$265/MTH

MON - WED
A.M. _____ (9AM – 12) \$265./MTH

P.M. _____ (12:30 – 3:30) \$265./MTH

FULL DAY PRESCHOOL WITH FULL DAY CARE:(INCLUDES SCHOOL INSERVICE DAYS AND VACATION DAYS) MONDAY-FRIDAY: 7:00AM-5:00PM (\$290.00/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 SEPARATION 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; \$110.00 DEPOSIT/FOR 4'S(COST OF LETTER BOOKS). 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**