

2019 - 2020
THE LITTLE NURSERY SCHOOL
REGISTRATION FORM

4-DAY

MON-TUES-WED-THURS
5A.M. _____ (9AM - 12)
P.M. _____ (12:30 - 3:30)

5-DAY

MON-TUES-WED-THURS-FRI
HALF DAY _____ (8:30AM-1)
FULL DAY _____ (8:30AM-4:00PM)

3-DAY

MON-WED-FRI
A.M. _____ (9AM - 12)

TUES-THURS-FRI
A.M. _____ (9AM - 12)

TUES - WED - THURS
PM _____ (12:30 - 3:30)

2-DAY

TUES. - THURS
A.M. _____ (9AM - 12)
P.M. _____ (12:30 - 3:30)

MON - WED
A.M. _____ (9AM - 12)
P.M. _____ (12:30 - 3:30)

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

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: _____

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. 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: 154 ORCHARD ST.
ELLINGTON, CT. 06029**