



2026-2027  
REGISTRATION FORM

4-DAY

MON-TUES-WED-THURS  
A.M. \_\_\_\_ (8:30AM - 12) \$380/MTH

P.M. \_\_\_\_ (12:30 - 3:30) \$360/MTH

3-DAY

MON-WED-FRI  
A.M. \_\_\_\_ (8:30AM - 12) \$330/MTH

TUES-THURS-FRI  
A.M. \_\_\_\_ (8:30AM - 12) \$330/MTH

2-DAY

TUES. - THURS  
A.M. \_\_\_\_ (8:30AM - 12) \$295/MTH

MON - WED  
A.M. \_\_\_\_ 8:30AM - 12) \$295/MTH

5-DAY

MON-TUES-WED-THURS-FRI  
FULL DAY \_\_\_\_ (8:30AM-4:00 PM) \$295/WK - FOLLOWS TOLLAND PUBLIC SCHOOL CALENDAR.

**FULL DAY PRESCHOOL WITH FULL DAY CARE 3'S AND 4'S: (INCLUDES SCHOOL INSERVICE DAYS AND VACATION DAYS) MONDAY-FRIDAY: 7:00AM-5:00PM (\$325.00/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:

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HAS YOUR CHILD HAD ANY PREVIOUS SCHOOL EXPERIENCE? \_\_\_\_\_

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DO YOU EXPECT ANY SEPARATION PROBLEMS? \_\_\_\_\_

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

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

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

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WHO WILL BE TRANSPORTING YOUR CHILD TO/FROM SCHOOL? \_\_\_\_\_

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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