



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:

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