



**CHRIST CHURCH
NURSERY SCHOOL**
Lending a hand to help our children grow.

Registration Form

In order to complete the application process, please remit the completed form, signed tuition agreement and \$100.00 non-refundable registration fee to:

Diana Hacker, Registrar
8 Brookshire Lane • Farmington, CT 06030
860.675.8957

APPLYING FOR 3 year old class 4 year old class Pre-K/Kindergarten Enrichment

Child's Name _____

Nickname _____ Birth Date _____ Sex **M** **F**

Child's Address _____

Mother's Name _____

Mother's Address (if different) _____

Phone _____ Cell _____ Email _____

Employer Name & Address _____

Father's Name _____

Father's Address (if different) _____

Phone _____ Cell _____ Email _____

Employer Name & Address _____

Other Members of Household (age, relationship) _____

• CCNS Registration Form, page two •

Have other siblings attended our school? (please circle) **YES** **NO**

Has child had any group experience? (please circle) **YES** **NO**

Health Issues and/or Physical Restrictions (please specify) _____

Known Allergies and/or Restrictions (please specify) _____

Medications _____

Behavior/General Temperament _____

Specific Behavior Problems _____

Reaction when separating from parents _____

Concerns _____

Physician's Name _____

Physician's Phone _____

Signature Parent or Guardian _____

Date _____

For registration questions, please call
Diana Hacker, Registrar, at 860.675.8957.

Christ Church Nursery School Tuition Agreement • 3 year olds

I agree to pay tuition in the total amount of \$_____.

Four equal payments of \$_____ each will be due March 15, May 15, September 15, and November 15. I understand that I am obligated to pay these amounts in full if my child is accepted as a student at Christ Church Nursery School.

LATE FEES

I understand that a \$10 late fee will be charged if tuition payments are not made within 10 days of the due date.

REFUND POLICY

Should I withdraw my child from CCNS, I understand that tuition payment refunds will be contingent upon the student vacancy being filled. Withdrawals after June 1st will be brought before the Board of Directors and be subjected to a \$100 penalty, in addition to the contingency stated above.

I would like to enroll my child, _____,

in the 3 year old Class for the 20____ — 20____ school year. Enclosed is the required \$100.00

non-refundable registration fee.

Signature of Parent/Guardian _____

Date _____

.....

Please sign and remit to Diana Hacker, Registrar, with the completed Registration Form and \$100.00 non-refundable registration fee.

Please keep a copy of this agreement for your records.

Christ Church Nursery School Tuition Agreement • **3 year olds**

.....
PARENT COPY • Please keep for your records
.....

I agree to pay tuition in the total amount of \$ _____ .

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Christ Church Nursery School Tuition Agreement • **4 year olds**

I agree to pay tuition in the total amount of \$_____.

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REFUND POLICY

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I would like to enroll my child, _____,

in the 3 year old Class for the 20____ — 20____ school year. Enclosed is the required \$100.00 non-refundable registration fee.

Signature of Parent/Guardian _____

Date _____

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Please keep a copy of this agreement for your records.

Christ Church Nursery School Tuition Agreement • **3 year olds**

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PARENT COPY • Please keep for your records
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I agree to pay tuition in the total amount of \$ _____ .

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LATE FEES

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