United Church Nursery School
210 Rowayton Avenue
Rowayton, CT 06853
(203) 853-3554
www.unitedchurchnurseryschool.org

2018-2019 REGISTRATION APPLICATION

A non-refundable $80 registration fee must accompany this form. Checks should be made out to UCNS.
Mail the application and fee to: UCNS-ENROLLMENT P.O. BOX 157 ROWAYTON, CT 06853 Enrollment fee waived if enrolled by 12/31/17. Accounts paid in full at time of enrollment will receive a 2.5% discount.

ONE DAY (DROP OFF) TWO'S: ($1,875) _____ Friday 9:30-11:30AM

TWO DAY (DROP OFF) TWO'S: ($3,750) _____ Monday and Friday 9:30-11:30AM

THREE DAY THREE'S: ($5,000) _____ Tues/Wed./Thurs 9:15-11:45AM

FOUR DAY THREE'S: ($6,400) _____ Mon/Tues/Wed/Thurs 9:15-11:45AM

FIVE DAY FOUR'S: (7,500) _____Mon/Wed/Fri 9:15-11:45AM Tues/Thurs 9:15AM-1:30PM

FIVE DAY FIVE'S (PRE K): ($10,250) _____ Mon/Wed/Thurs 9:15-11:45AM Tues/Thurs 9:15AM-3:00PM

CHILD'S NAME: _____ SEX: _____
LAST FIRST MIDDLE M/F

BIRTHDATE: _____/_____/____ EMAIL ADDRESS:_____
MONTH / DAY / YEAR

ADDRESS:
_____
STREET TOWN STATE ZIP

HOME PHONE: _____ CELL PHONE: _____

MOTHER: _____ FATHER: _____

ARE THERE ANY SPECIAL CARE REQUIREMENTS THAT MAY AFFECT YOUR CHILD'S PARTICIPATION IN SCHOOL ACTIVITIES? (i.e., allergies, health concerns, developmental variations, etc.) IF SO, PLEASE EXPLAIN:

_____
_____
_____

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Please secure a place for my child in the United Church Nursery School program marked above. I understand that final placement will be dependent upon class size and availability as well as demographic considerations.

_____ _____
SIGNATURE OF PARENT OR GUARDIAN DATE

For UCNS Use Only: App. Recd/ Ck #: _____ Deposit Rcd/Ck # : _____ Handbook Sent:_____ Forms Recd:_____