

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

[www.unitedchurchnurseryschool.org](http://www.unitedchurchnurseryschool.org)

**2020-2021 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

- ONE DAY (DROP OFF) TWO'S:** (\$2,100) \_\_\_\_\_ Friday 9:15-11:45AM
- TWO DAY (DROP OFF) TWO'S:** (\$4,200) \_\_\_\_\_ Thursday and Friday 9:15-11:45AM
- THREE DAY THREE'S:** (\$5,000) \_\_\_\_\_ Mon/Tues/Wed./ 9:15-11:45AM
- FOUR DAY THREE'S:** (\$6,400) \_\_\_\_\_ Mon/Tues/Wed/Thurs 9:15-11:45AM
- FIVE DAY FOUR'S:** (7,650) \_\_\_\_\_ Mon/Wed/Fri 9:15-11:45AM Tues/Thurs 9:15AM-1:30PM
- FIVE DAY FIVE'S (PRE K):** (\$10,500) \_\_\_\_\_ Mon/Tues/Wed/Thurs/Fri 9:15-2:00PM

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 Recd/Ck # : \_\_\_\_\_ Handbook Sent: \_\_\_\_\_ Forms Recd: \_\_\_\_\_