

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

www.unitedchurchnurseryschool.org

2017-2018 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

Programs

(Please indicate 1st, or 2nd choice, where applicable.)

TWO's: (\$1100) _____ Tuesday 3:30-5:00PM _____ Wednesday 3:30-5:00PM

THREE's: (\$4500) _____ Mon./Wed./Thurs. 9:15-11:45AM _____ Tues./Wed./Fri. 9:15-11:45AM

FOUR's: (\$6150) _____ Monday – Friday 9:15-11:45AM

PRE K: (\$8650) _____ Monday-Friday 9:15AM-1:30PM

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: _____

MEMBER OF THE UNITED CHURCH OF ROWAYTON? _____ ATTENDED MAUREEN BLOOM? _____

ANY SIBLINGS? HAVE THEY ATTENDED UCNS? _____
NAMES & IF SO, DATES ATTENDED

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:

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: _____