



2010-2011 NURSERY SCHOOL APPLICATION FORM

All registrations (***DUE DECEMBER 1st***) must be accompanied by a **\$50 non-refundable registration fee (check payable to the Children's Aid Society or cash)** and a **copy of your child's birth certificate**. You may mail or drop your application off at the center. You will receive an email once your application is processed. If you receive a spot in the Nursery School, a \$2000.00 **NON-REFUNDABLE** deposit is due no later than Wednesday, March 16th.

Child's Name _____
 Birth Date _____ Age (as of August 31, 2010) _____ Male Female

Parent(s) Names _____
 Address _____

Home Phone (____) _____ - _____ (____) _____ - _____
 Business Phone (____) _____ - _____ (____) _____ - _____
 Cell Phone (____) _____ - _____ (____) _____ - _____
 Email: _____

Additional Information – For class placement purposes only

Please tell us about your child's previous school experiences _____

Does your child receive any special services or need to attend school with a SEIT? Yes No

Has it ever been recommended your child be evaluated? Yes No

If so what was the services recommended? _____

Does your child have any allergies? Yes No If yes please list: _____

Will you be applying for financial aid? Yes No

Financial aid is available to those who qualify. If you receive a spot in the Nursery School, a complete financial aid application must be returned no later than March 11th (a copy of your 1040, 2009 tax returns + last 3 paystubs).

Verification of Alumni Status

Current Early Childhood (EC) Student with a sibling who is a current Nursery student

If yes, sibling's name: _____

Current Early Childhood (EC) Student with a sibling who finished Nursery School

If yes, sibling's name and last year attended: _____

Older sibling who finished nursery school, but younger child not in Fall EC class

If yes, what is the sibling's name and last year attended: _____

Verification of Early Childhood Status @ Children's Aid

Current (Fall 2009) Early Childhood: class: _____ teacher: _____

Previous Early Childhood class: semester (please check one): Fall Spring Summer year: _____

CATEGORY (for office use only)

1 2 3 4 5 6 7 8 9

2010/2011 CLASSES

Please mark your preference for the classes you request (rank with 1 being your first choice). Your child **MUST** fall within the age ranges listed for the class.

Morning Classes

Age	Born Between	Schedule	Time	Tuition**	Rank
2.0-2.11	9/1/07 & 8/31/08	Tuesdays & Thursdays	9:00am-12:00pm	\$5,750	
2.0-2.11*	9/1/07 & 8/31/08	Monday through Friday	9:00am-12:00pm	\$11,300	
3.0-3.11	9/1/06 & 8/31/07	Mondays, Wednesdays, & Fridays	9:00am-1:00pm	\$8,200	
3.0-3.11*	9/1/06 & 8/31/07	Monday through Friday	9:00am-1:00pm	\$12,200	
4.0-4.11*	9/1/05 & 8/31/06	Monday through Friday	9:00am-2:00pm	\$13,300	

Afternoon Classes

Age	Born Between	Time	Frequency	Tuition**	Rank
2.0-2.11	9/1/07 & 8/31/08	1:00pm-4:00pm	Mondays, Wednesdays, & Fridays	\$6,700	
	9/1/07 & 8/31/08	1:00pm-4:00pm	Monday through Friday	\$9,650	
3.0-3.11	9/1/06 & 8/31/07	1:00pm-4:00pm	Mondays, Wednesdays, & Fridays	\$6,700	

*Indicates multiple sessions

**Tuition prices subject to change