

**CHILDREN'S PLACE NURSERY SCHOOL
REGISTRATION REQUEST FORM**

School Year 2019-20

OFFICE USE ONLY
Date _____
Check # _____
PD \$ _____

Age Group (circle one)
Toddlers/Young Preschool
Preschool or Pre K

MY CHILD _____
(Please use the name you want your child to be called and use To practice writing, to recognize on name tags, artwork, and around the classroom/school.)

Birthdate _____

START DATE: _____

MY SCHEDULE CHOICE Mon/Wed/Fri am Mon-Fri am Tues/Thurs am PreK M-F am
OR Mon-Friday all day (9-4pm)

ADDITIONAL OPTIONS: Lunch begins at 12:00 Pick up is 12:45

LUNCH BUNCH: yes no **DAYS:** MON TUES WED THURS FRI (circle days wanted)

ENRICHMENTS: (Circle choices) For 33 months – 5 year olds. Pick up is 3:50-4:00 pm

Mondays 1-4 pm – “Spanish” **Tuesdays 1-4 pm** – “Learning Games”

Wed .1-4 pm – “Around the World” **Thursdays 1-4 pm** – “Math & Science”

Fridays 1-4 pm “Read Me A Story”

EARLY DROP OFF: **New Time 8:00am** yes no **DAYS:** MON TUES WED THURS FRI
(circle day/s)

Early Drop off is limited to 20 spots and they will fill first come first serve.

See “Tuition Rates” sheet for pricing and savings.

PLEASE RETURN THIS FORM, REGISTRATION FORM (all requested information needs to be completed), A COPY OF YOUR CHILD’S COMPLETED IMMUNIZATIONS, AND YOUR NON-REFUNDABLE (\$55.00 for 1 child or \$60 for 2 or more) PROCESSING FEE. (If you are a returning family, you are not required to submit another copy of immunizations or well child check if a current 3 or 4 year old one is on file.)

FULLY COMPLETED REGISTRATIONS (with the reg fee) Requests are processed on a first come first basis.

PARENT NAME: _____ EMAIL: _____
(Please print legibly... thank you)