



SCHOOL YEAR: 2009/2010

DATE _____

CHILD'S NAME _____

CLASS: 3'S (AM) _____ 4'S (AM) _____
 3'S (PM) _____ 4'S (PM) _____

YEARLY TUITION: \$ _____

REGISTRATION FEE: \$ 30.00 non-refundable

10% OF ANNUAL TUITION: \$ _____ refundable prior to 7/15/09

TOTAL DUE \$ _____

Please return the completed application packet, along with a completed State of Connecticut Early Childhood Health Assessment Record form (that you may print off our website) and the total amount due to the school.

(Please make checks payable to Century Nursery School)

Please mail to:

Century Nursery School
P.O. Box 1861
Bristol, CT 06011-1861



**APPLICATION FOR
CENTURY NURSERY SCHOOL
35 MAPLE STREET
BRISTOL, CONNECTICUT 06010**

SCHOOL YEAR _____

CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

DATE OF BIRTH: _____ / _____ / _____
month day year

PHONE NUMBER _____

CELL PHONE NUMBER _____

CHILD IS CALLED _____ SEX: _____ M _____ F

PARENTS FULL NAME: _____

IS THE CHILD LIVING WITH BOTH PARENTS? _____

ARE THE PARENTS DIVORCED? _____

FATHER'S OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ PHONE NUMBER: _____

ADDRESS: _____

MOTHER'S OCCUPATION: _____

PLACE OF EMPLOYMENT: _____ PHONE NUMBER: _____

ADDRESS: _____

OTHER PERSONS IN HOUSEHOLD: (please list name, age and relationship)

PERSON OTHER THAN PARENTS TO CALL IN CASE OF EMERGENCY (local, if possible)

Name

Relationship

Cell Phone Number

Phone Number



DO YOU PREFER:

Tuesday / Thursday 2-day AM Classes (3 year old) _____

Tuesday / Thursday 2-day PM Classes (3 year old) _____

Monday / Wednesday / Friday 3-day AM Classes (4 year old) _____

Monday / Wednesday / Friday 3-day PM Classes (4 year old) _____

PLEASE LIST ANY LANGUAGE OTHER THAN ENGLISH SPOKEN AT HOME: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CHILD:

TOILETING: (Child must be toilet trained)

What request words does your child use when asking to use the toilet? _____

Frequency? _____

DRESSING:

Does your child dress him/herself? _____

Any difficulties? (i.e. buttons, belts or zippers) _____



BEHAVIOR:

Circle the appropriate words:

calm - excitable - tires easily - easily angered - whining - crying - happy - negative -

cooperative - shy - friendly - tearful - aggressive - persistent - sensitive - other: _____

What type of discipline is used most frequently at home? (verbal, time outs, redirecting)

Please list any specific behavioral problems _____

PHYSICAL:

Does your child have any chronic conditions? (asthma, allergies, etc.) _____

Does your child have any food allergies? _____ If so, please list: _____

CHILD'S DOCTOR: _____ PHONE NUMBER: _____

ADDRESS: _____

GENERAL:

Describe any organized group experience your child has had: (Religious school, dance lessons, movement classes, day care, story hour) _____

PARENT'S SIGNATURE: _____ DATE: _____



Contract Agreement

I choose to enroll my child _____ in Century Nursery School's program for _____ 3 Year olds (AM) / _____ 3 Year olds (PM) / _____ 4 Year olds (AM) / _____ 4 Year olds (PM) for the _____ school year.

I understand that the Registration Fee of \$ _____ is non-refundable. My tuition deposit of \$ _____ is refundable prior to July 15, _____ ONLY. If I elect to withdraw my child anytime after July 15, I understand that my tuition deposit of \$ _____ is forfeited.

Should I elect to pay my child's tuition on a monthly basis, I understand that payments are due the first day of each month. For any payment postmarked after the fifth day of the month, I understand there is a \$10.00 late fee and agree to pay such fee in accordance with Century Nursery School Policy. If my child's monthly tuition is not paid by the 30th of the month, I understand that my child cannot return to school until such tuition is paid.

If I elect to withdraw my child from the Century Nursery School Program during the school year, a two-week notice is required. I also understand that a full months tuition is due even if my child only attends school for a portion of that month, even if it is only one day.

**PLEASE RETURN TWO COPIES OF THIS COMPLETED AGREEMENT TO CENTURY NURSERY SCHOOL
ONE COPY WILL BE RETURNED TO YOU.**

Parent's Signature _____ Date ____/____/____

Please Print Name _____

Reviewed by Board Member (initials) _____ Date ____/____/____