

Ellington Christian Nursery School
77 CIDER MILL ROAD, ELLINGTON, CT 06029
860-872-8742

200__ – 20__ Registration Form

Child's Name: _____

Name Child is to be called in class: _____

Child's Birth Date: Month: _____ Day: _____ Year: _____

Child's Sex: Male _____ Female _____

Mother's Name: _____

Father's Name: _____

Mailing Address: _____

Town: _____ Zip Code: _____

Phone Number: _____ ; e-mail address (optional) _____

Do we have your permission to use your phone number and address in our class list?

Yes _____ No _____

Circle Your Class Choice

3's Tuesday/ Thursday 9:00 am to 11:30 am contact director

Note: All Three Year Olds must be toilet trained.

4's Mon/Wed/Fri 9:00 am to 11:30 am contact director

4's Mon/Wed/Fri 12:30 pm to 3:00 pm contact director

Please return this completed form with a non-refundable \$35.00 registration fee for currently attending families and \$50 (non-refundable) for new families to insure your child a space in our school.

First month's tuition is due by August 1. If not received, you will forfeit your reserved space.

All registration must be done by mail. Do not return this form to the school.

Please make checks payable to: **Ellington Christian Nursery School or E.C.N.S.**

Return to: Kimberly Cheman, 264 Skyline Dr., S. Windsor, CT 06074

IMPORTANT!!!

The State requires that you must have a current medical form filled out, signed by the doctor, and returned to us by the First Day of School. This form will be sent out with further information later this spring.

If you have any questions, please call Kimberly Cheman at 644-3824 or e-mail jkcheman@att.net

Office Use Only: Received: _____ Confirmed: _____