



**Circle Nursery School**  
 Registration Form  
 2023-2024

Student's Name			
Student's Date of Birth		Gender	Male      Female
Student's Mailing Address			

Parent's Information 1		Parent's Information 2	
Name		Name	
Address <i>If different from above</i>		Address <i>If different from above</i>	
Phone		Phone	
Occupation		Occupation	
Business Name		Business Name	
E-Mail		E-Mail	
Child Resides with	Parent 1	Parent 2	Both

**Please indicate by 1st and 2nd choice, the session in which you would like to enroll your child:**

	Tuesday/Thursday AM 3 - 4 Year Old \$1320		Monday/Wednesday/ Friday AM 4-5 Year Old \$1620		4 Day PreKinder Class \$2330
	Tuesday/Thursday PM 3-5 Year Old Blended \$1320		Monday/Wednesday/ Friday PM 3-5 Year Old Blended \$1620		5 Day PreKinder Class \$2860

**Registration Fee \$100 must be included with this form.**

**\*To be eligible to enroll at Circle Nursery School, your child must be three years old before December 1. No child is officially registered until this form and the non-refundable registration fee is received. Please make checks out to Zion Episcopal Church and write your child's name and CNS in the memo line.**

Date Received \_\_\_\_\_ Payment Received \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_



## 2023-2024 Financial Agreement

We, the parents, hereby register \_\_\_\_\_ for Circle Nursery School for the school year of 2023-2024.

Option	Two Day	Three Day	Four Day	Five Day
Annual Payment Due: August 15	\$1320	\$1620	\$2330	\$2860
Semester Payments Due: August 15, February 1	\$660	\$810	\$1165	\$1430
Quarterly Payments Due: August 15, November 1, February 1, April 1	\$330	\$405	\$582.50	\$715

We agree to pay the annual tuition fee, the annual supply fee of \$70 for the two day class, \$80 for the three day class, \$90 for ½ day class. No child will attend school if the first tuition payment and a health form have not been received by August 15, 2023. I understand that my child's position may be forfeit to a child on a waitlist if I do not have both the tuition and the health form turned into the CNS office by August 15, 2023.

If for any reason we need to withdraw our child, we will give thirty days notice to the registrar in writing. We understand that the registration fee is nonrefundable. Parents needing to make tuition payments with credit card must contact the CNS Treasurer prior to August 15.

If tuition payments are late, we agree to a late fee payment of \$20. If for some reason a tuition payment check is returned, we agree that CNS will charge a fee of \$35.

By signing this form, you agree to the Circle Nursery School registration and tuition payment policies.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



Circle Nursery School  
Family and Child Information  
2023-2024

Student's Name				
Class	2 Day	3 Day	4 Day	5 Day

**Siblings living at home**

Name	Age	Check if Attended CNS

Do you call your child by a nickname?	Yes	No
	If so, please specify:	
Is your child used to being around children their own age?	Yes	No
Is your child fully potty trained?	Yes	No
Does your child have any special needs, including allergies, food allergies, or dietary concerns?	Yes	No
Does your child currently receive any Early Childhood Intervention services, including, but not limited to speech, OT, PT?	Yes	No
<b>If you have answered yes to either of the previous two questions, please note that you must contact the school prior to September 1 to discuss. For children with allergies, an allergy action plan must be submitted by September 1.</b>		
I give permission for our family address, phone number, and email address to be listed in the CNS class directory.	Yes	No
I give permission for Circle Nursery School to photograph and/or videotape my child for the purposes of publicity.	Yes	No



In the event of an emergency at school, CNS staff will first contact the parents.  
In the event that parents can not be reached, please list, below, people who are authorized to act in your absence.

I, \_\_\_\_\_ give permission to Circle Nursery School to contact the following individuals regarding my child in an emergency. Furthermore, I give permission to CNS to release my child, \_\_\_\_\_ to the following person(s).

Please list in order of who you'd prefer us to call first:

Name	Phone Number	Relationship to Student

Does your child have a regular daytime babysitter that will be responsible for the transportation of your child to and from school? If so, please list their information below:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Days this person will transport my child \_\_\_\_\_

**If any of the above information changes, throughout the school year, please notify the school, in writing.**