

Register ON or
BEFORE January 25,
2020 and save \$15
off your registration
fee- pay just \$60!



Circle Nursery School

Registration Form

2020-2021

You may mail this form and your registration fee to: Circle Nursery School, 10 Park Place, Avon, NY 14414

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

Parent's Information		Parent's Information	
Name		Name	
Address		Address	
Phone		Phone	
Occupation		Occupation	
Business Name		Business Name	
E-Mail		E-Mail	

Child resides with: Parent 1 _____ Parent 2 _____ Both _____ Other _____

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

Tuesday/Thursday AM 3 and 4 Year old \$1050	Monday/Wednesday/Friday 4 & 5 Year old \$1500 AM	4 Day PreKinder Class PM \$2200
Tuesday/Thursday PM 3 and 4 Year old \$1050	Monday/Wednesday/Friday 4 & 5 Year old \$1500 PM	

To be eligible to enroll at Circle Nursery School, your child must be 3 years old before December 1st. No child is officially registered until this form and the non-refundable \$75 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 _____



2020-2021 Financial Agreement

We, the parents, hereby register _____ for Circle Nursery
School the school year 2020-2021.

CNS Payment Options

Option	2 Day Payment	3 Day Payment
Annual Payment Due: August 15	\$1050	\$1500
Semester Payments Due: August 15, February 1	\$525	\$750
Quarterly Payments Due: August 15, November 1, February 1, April 1	\$262.50	\$375

We agree to pay the annual tuition fee the annual supply fee of \$30.00. No child will attend school if the first tuition payment and health form have not been received by 8/15. I understand that my child's position may be forfeit to a wait listed child if I do not have both the tuition and the health form turned into the CNS office by 8/15.

If, for any reason we need to withdraw our child, we will give thirty days notice to the registrar in writing. If tuition payment is late, we agree to pay a \$20.00 late fee. If, for some reason a tuition payment check is returned, we agree that CNS will charge a fee of \$35.00

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

Parent Signatures

Signature _____
Date

Signature **Date**



Circle Nursery School

Family and Child Information

2020-2021

Student's Name			
Class	2 Day	3 Day	PM

Siblings living at Home

Name	Age	Check if Attended CNS

Do you call your child by a nickname?	Yes No
	If Yes, please specify:
Is your child used to being with other children?	Yes No
Does your child display any emotional fears, behavior problems, or difficulties in dealing with others? (peers or adults)?	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
If yes, please explain:	

Please note that teachers are not authorized to administer medications or perform medical procedures. If medications or medical procedures are necessary, it is the responsibility of the parent or guardian to make arrangements. If your child has any special needs, please contact the school before September 1 to develop a plan to meet your child's needs. For children with allergies, an allergy action plan must be submitted prior to September 1.

I give permission for our family address, phone number, and email address to be listed in the class directory.	Yes No
I give permission to Circle Nursery School to photograph and or videotape my child for the purposes of publicity	Yes No
I am interested in	Classroom volunteer substitute teacher CNS Board Member



Emergency Contact Information

In the event of an emergency at school, CNS staff will first contact the parents. In the event that parents cannot 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: _____

Address: _____

Phone: _____