

Register ON or BEFORE January 30, 2021 and pay just \$60.00!



**Circle Nursery School  
Registration Form  
2021 - 2022**

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

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

#1 Parent's Information		#2 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 1<sup>st</sup> and 2<sup>nd</sup> choice, the session in which you would like to enroll your child:**

Tuesday/Thursday AM 3 and 4 Year old \$1100	Monday/Wednesday/Friday 4 & 5 Year old AM \$1580	4 Day PreKinder Class PM  \$2275
Tuesday/Thursday PM 3 and 4 Year old \$1100	Monday/Wednesday/Friday 4 & 5 Year old PM \$1580	

**\*To be eligible to enroll at Circle Nursery School, your child must be 3 years old before December 1<sup>st</sup>. 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 \_\_\_\_\_ page 1



**2021-2022 Financial Agreement**

We, the parents, hereby register \_\_\_\_\_ for Circle Nursery School the school year 2021-22..

**CNS Payment Options**

<b>Option</b>	<b>2 Day Payment</b>	<b>3 Day Payment</b>
Annual Payment Due: August 15	\$1100	\$1580
Semester Payments Due: August 15, February 1	\$550	\$790
Quarterly Payments Due: August 15, November 1, February 1, April 1	\$275	\$395

**We agree to pay the annual tuition fee, the annual supply fee of \$70 for the two-day class or \$80 for the three-day class.** 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 child on a wait list 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**  
**2021 - 2022**

Student's Name			
Class	2 Day	3 Day	PM

**Siblings living at Home**

Name	Age	Check if Attended CNS

<b>Do you call your child by a nickname?</b>	<b>Yes    No</b>
	<b>If Yes, please specify:</b>
<b>Is your child used to being with other children?</b>	<b>Yes    No</b>
<b>Does your child display any emotional fears, behavior problems, or difficulties in dealing with others? (peers or adults)?</b>	<b>Yes    No</b>
<b>Is your child fully potty trained?</b>	<b>Yes    No</b>
<b>Does your child have any special needs, including allergies, food allergies, or dietary concerns?</b>	<b>Yes    No</b> <b>If yes, please explain:</b>
<b>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.</b>	
<b>I give permission for our family address, phone number, and email address to be listed in the class directory.</b>	<b>Yes    No</b>
<b>I give permission to Circle Nursery School to photograph and or videotape my child for the purposes of publicity</b>	<b>Yes    No</b>
<b>I am interested in</b>	<b>Classroom volunteer    substitute teacher</b> <b>CNS Board Member</b>



## **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.

<b>Name</b>	<b>Phone Number</b>	<b>Relationship to Student</b>

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:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_