

United Church Nursery School  
210 Rowayton Avenue  
Rowayton, CT 06853  
(203) 853-3554

[www.unitedchurchnurseryschool.org](http://www.unitedchurchnurseryschool.org)

**2012-2013 REGISTRATION APPLICATION**

A non-refundable \$80 registration fee must accompany this form. Checks should be made out to UCNS.  
Mail the application and fee to: UCNS-ENROLLMENT P.O. BOX 157 ROWAYTON, CT 06853

**Programs**

(Please indicate 1st, or 2nd choice, where applicable.)

**TWO's:** (\$925) \_\_\_\_\_ Tuesday 3:30-5:00 \_\_\_\_\_ Wednesday 3:30-5:00

**THREE's:** (\$3550) \_\_\_\_\_ Mon./Wed./Thurs. 9:15-11:45 \_\_\_\_\_ Tues./Wed./Fri. 9:15-11:45

**FOUR's:** (\$4950) \_\_\_\_\_ Monday – Friday 9:15-11:45

**PRE K:** (\$7100) \_\_\_\_\_ Monday-Friday 9:30-1:30

CHILD'S NAME: \_\_\_\_\_ SEX: \_\_\_\_\_  
LAST FIRST MIDDLE M/F

NICKNAME (if any): \_\_\_\_\_ (We'll use this at school) BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH / DAY / YEAR

ADDRESS: \_\_\_\_\_  
STREET TOWN STATE ZIP

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

CHILD'S AGE( AS OF TODAY): \_\_\_\_/\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_  
YEARS/MONTHS

MOTHER: \_\_\_\_\_ FATHER: \_\_\_\_\_

IS YOUR FAMILY A MEMBER OF THE UNITED CHURCH OF ROWAYTON? YES \_\_\_\_\_ NO \_\_\_\_\_

SIBLINGS WHO HAVE ATTENDED UCNS: \_\_\_\_\_  
NAMES & DATES ATTENDED

OTHER SIBLINGS IN THE CHILD'S FAMILY: \_\_\_\_\_  
NAMES & YEAR OF BIRTH

DID APPLICANT ATTEND MAUREEN BLOOM'S PLAYDATES? \_\_\_\_\_  
DATES ATTENDED

FOR PRE-K APPLICANTS ONLY: WHY ARE YOU INTERESTED IN OUR PROGRAM? \_\_\_\_\_

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Please secure a place for my child in the United Church Nursery School program marked above. I understand that final placement will be dependent upon class size and availability as well as demographic considerations.

\_\_\_\_\_  
DATE SIGNATURE OF PARENT

For UCNS Use Only: Date App. Received: \_\_\_\_\_ Amount Pd/Ck #: \_\_\_\_\_ Start Date: \_\_\_\_\_