Check No_____ Amt._____

Dutch Neck Presbyterian Church Cooperative Nursery School Application

Application for: _____ 2½ Year Olds _____3 Year Olds _____4 Year Olds

Child Information

First Name: _____ Last Name:_____
Date of Birth: _____ Gender: Male:_____ Female:_____
Street Address: _____
Town/State/Zip Code _____ Home Phone: _____

Parent Information:

Mother's First Name: _____ Mother's Last Name: _____
Father's First Name: _____ Father's Last Name: _____
Email:

Please check class desired. Class space is assigned on a **first received, first assigned basis.** If your selected class is filled, you will be placed in the alternate class if space is available. You will be placed on a waiting list for the desired class.

Two-and-a-Half Year Olds: 2 day_____ 2 day_____ *3rd day option* _____
(9 to 11:15 a.m.) (M-W) (T-Th) (if available) (*M,T,W or Th)*
(Must be 2½ by November 1)

***Three-year olds:** 2-day ___/**3**-day ___ 3 day_____
(9 to11:30 a.m.) (T-Th/**F** a.m.) (MWF a.m.)

***Four-year olds:** 4 day _____ 4 day_____
(9 to11:30 or 12:30 to 3) (MTWTh a.m.) (MTWTh p.m.)

-Special requests are taken into consideration-

**** MUST BE TOILET TRAINED***

Please indicate the following:

DNPCCNS Alumni: Yes ____ No ____Dutch Neck Presbyterian Church Member: Yes ____ No ____

Name of last or currently enrolled child at DNPCCNS _____Year _____

School District/School in which your child will attend _____

Please remit the NON-REFUNDABLE registration fee of $150.00 with this application form. Checks should be made payable to DNPCCNS.

"I acknowledge that I have read the information enclosed and agree to fulfill my co-op obligations while my child is enrolled in DNPCCNS. I also attest to the fact that all the information given on the registration forms by me is accurate and true."

Signature_____ Date _____