

For Registrars' Use Only
Date Rec'd. _____

Check No _____ Amt. _____

Dutch Neck Presbyterian Church Cooperative Nursery School Kindergarten Extension Application

Child Information

First Name: _____ Last : _____
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: _____
E-mail: _____

CLASS DESIRED:

Kindergarten Extension:	5 day _____ (9 to 12 p.m.)	5 day _____ (12 to 3 p.m.)
	4 day _____ (MTWTh/9 to 12 p.m.)	4 day _____ (MTWTh/12 to 3p.m.)
	3 day _____ (MTW/9 to 12 p.m.)	3 day _____ (MTW/12 to 3 p.m.)

Please indicate the following:

DNPCNS Alumni: Yes ___ No ___ Dutch Neck Presbyterian Church Member: Yes ___ No ___
Name of last or currently enrolled child at DNPCNS _____ Year _____
School attending Kindergarten _____
Will your child be bused to/from Maurice Hawk or Dutch Neck? _____

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

Signature _____ Date _____