

Check No _____ Amt. _____

Dutch Neck Presbyterian Church Cooperative Nursery School

2 1/2 old Application

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 days/hours desired. Class space is assigned on a **first received, first assigned basis**. If your selected schedule is filled, we will contact you to discuss alternate availability.

Day of Week	Early Drop Off 8-9:00am	1/2 day only 9:00-12:00	Full Day 9:00-3	After Care 3-4pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

 Please indicate the following:

DNPCCNS Alumni: Yes _____ No _____ Dutch Neck Presbyterian Church Member: Yes _____ No _____

Please remit the NON-REFUNDABLE registration fee of \$100.00 with this application form. Checks should be made payable to DNPCCNS or submitted via Zelle payment platform to dnpcns@aol.com.

"I acknowledge that I have read the information enclosed and agree to fulfill my 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 _____