Check No_____ Amt._____

Dutch Neck Presbyterian Church Cooperative Nursery School
3 and 4 year old Application

_____ 3 year old application _____4 year 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.

3 day minimum for 3s. 4 day minimum for 4s.

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 dnpccns@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 _____