

Dutch Neck Presbyterian Church Cooperative Nursery School Kindergarten 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: _____

SCHEDULE DESIRED:

MTW 3 DAY MINIMUM

Day of Week	Early Drop Off 8-9:00am	1/2 day AM 9:00-12:30	1/2 day PM 11:30-3	Full day 9-3pm	After Care 3-4pm
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

 Please indicate the following:

DNPCNS Alumni: Yes ___ No ___ Dutch Neck Presbyterian Church Member: Yes ___ No ___
 Is child attending district Kindergarten? School? _____

Will your child be bused to/from Maurice Hawk or Dutch Neck? _____

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

Signature _____ Date _____