

ENROLLMENT FORM
2010-2011

My Nursery School
29 Farrar Lane
Ridgefield, Connecticut 06877
203-438-0802

Child's Name _____

Nickname _____ Date of Birth: _____ Sex: _____

Address _____

Town, State & Zip _____

Parents' Names _____

Home Phone _____ Cell Phone _____

I wish to enroll my child for the following program at My Nursery School for the school year of 2010-2011.

- | | | |
|-------------|------------|--------------|
| 3 Year Olds | 9:30-12:00 | T & Th _____ |
| 3 Year Olds | 9:30-12:00 | M,W,F _____ |
| 4 Year Olds | 12:30-3:00 | T & Th _____ |
| 4 Year Olds | 9:30-12:00 | M,W,F _____ |
| 4 Year Olds | 12:30-3:00 | M,W,F _____ |
| 4 Year Olds | 12:30-3:00 | M – F _____ |

I understand that a payment for \$50.00 must accompany this form and be returned by November 20, 2009 and that this fee is non-refundable. Also, I realize that all classes are filled on a "first come, first serve" basis. I understand that the registration form and fee must be returned by January 15, 2010 in order to hold a spot for my child. If the school has not received the registration form and fee by January 15, 2010, I understand that the opening may be filled by another student.

Date Signed

Signature of Parent or Guardian

Office Use	Date Enrollment Form received _____
Date Enrollment fee received _____	
Payment type: _____	