

Office Use Only: Date Received _____ Check # _____

Registration Form for the January-May 2021 School Year



Each form must be accompanied with a Non-Refundable \$50.00 application fee (check made payable to CCNS)

IN HOUSE FAMILY ALUMNI FAMILY PALs/KE FAMILY NEW FAMILY

CHILD'S NAME _____ NAME TO BE USED IN SCHOOL _____

DATE OF BIRTH _____ SEX _____ AGE ON 9/1/20 _____ YEARS _____ MONTHS

PARENT/GUARDIAN _____ PARENT/GUARDIAN _____

CHILD'S ADDRESS _____

HOME NUMBER* _____ FUTURE/CURRENT ELEMENTARY SCHOOL _____

CELL NUMBER* _____ EMAIL _____

*Please mark preferred number

Are you registering more than one child? Yes _____ No _____ If Yes, which class? _____

NAMES AND AGES OF SIBLINGS

NAME _____ BIRTHDAY _____

NAME _____ BIRTHDAY _____

NAME _____ BIRTHDAY _____

CLASS PREFERENCE

Please review the classes below and select one that is age-appropriate for your child. Our Registrar will contact you in the event of over enrollment. Class schedule and tuition are subject to change.

<u>CLASS</u>	<u>BIRTHDAYS</u> <u>BETWEEN</u>	<u>DAYS</u>	<u>TIME</u>	<u>TUITION</u>
Young 3's	7/1/17 – 1/1/18	Th/F	9:00-11:30 AM	\$235/month
Older 3's	1/1/17 – 9/1/17	Th/F	9:00-11:30 AM	\$235/month
AM Pre-K	Age 4 by 9/1/20	M/T/W	9:00-11:30 AM	\$310/month

**Please circle preferred day *and* time.

Your signature below indicates that you understand that completing this form does not guarantee your child a spot in your preferred class. Children will be placed in classes according to the CCNS registration priority policies.

Following in-house registration, current Wee PALs, Kindergarten Enrichment & Alumni Families, followed by New Families who have pre-registered, will be placed on a first come, first served basis.

PARENT'S SIGNATURE _____ DATE _____