

Registration Rec'd: _____
 Check #: _____
 Deposit Received: _____
 Check #: _____
 Handbook sent: _____
 Forms returned: _____

Application Form



E-mail: director@fmrns.com

Start date: _____

Please email or send this completed form to:
 Five Mile River Nursery School, c/o the Director
 5 Pennoyer Street, Rowayton, CT 06853

How did you hear about the school? _____

A non-refundable application fee of \$75 per family or \$37.50 per child (applies to those in Extended Day Only) must accompany this form. Registration will occur first for currently enrolled students and by lottery for any remaining spaces.

PROGRAM DESIRED: (check each one)

PREK - FOURS/FIVES [13 children]

(Turning 5 between October 1st-September 31st)

☐ 5-day, Monday- Friday 9:00am -1:30pm

PREK - THREES/FOURS [13 children]

(Turning 4 between October 1st and September 31st)

5-day Monday -Friday 9:15am - 12:00

THREES 9:30-12 (Recommend turning 3 by September 6)

(Children turning 3 by December 31st are eligible)

☐ 1-day M-T-W-Th-F ☐ 4-day M-T-W-Th-F

☐ 2-day M-T-W-Th-F ☐ 5-day M-T-W-Th-F

☐ 3-day M-T-W-Th-F [12 children per day]

TWOS/THREES (Turning 2 by September 6) OR

(Children may start on their second birthday)

☐ 1-day M-T-W-Th-F ☐ 4-day M-T-W-Th-F

☐ 2-day M-T-W-Th-F ☐ 5-day M-T-W-Th-F

☐ 3-day M-T-W-Th-F [8 children per day]

Please indicate second and third choice: _____

EXTENDED-DAY ALSO OPEN TO THE COMMUNITY: (PLEASE CIRCLE EACH DAY/TIME DESIRED):

ALL EXTENDED-DAY PROGRAMS ARE DESIGNED TO HELP YOUR CHILD PREPARE FOR THE LONGER KINDERGARTEN DAY

☐ STUDIO M-T-W-TH - F 8:30-9:15/9:20 AM (\$8.50 PER DAY)

☐ LUNCH BUNCH (LB) M-T-W-TH-F 12PM-1:30PM (\$15 PER DAY)

☐ ENRICHMENT M-T-W-TH-F 1:30 - 2:15 PM AND/OR SIESTA M-T-W-TH-F 2:15-3 PM (\$8.50 PER DAY PER 45 MINUTE PERIOD)

1) Child's first & last name: _____ Date of Birth: _____ Sex: Male/Female (for program : _____)

2) Child's first & last name: _____ Date of Birth: _____ Sex: Male/Female (for program : _____)

3) Child's first & last name: _____ Date of Birth: _____ Sex: Male/Female (for program : _____)

Names of both parents: 1) _____ 2) _____ Guardian (if any): _____

Home address: _____ Zipcode: _____ Cell Phone: () - _____

Main Phone: () - _____ E-mail: _____

Occupation: 1) _____ 2) _____

Business Address 1) _____ 2) _____

Business phone: 1) () - _____ 2) () - _____

Child's Physician: _____ Phone: () - _____

Child's Dentist: _____ Phone: () - _____

Please make checks payable to Five Mile River Nursery School and please provide your credit card information:

Card # _____ Exp. Date: _____ Card type: MasterCard () Visa () American Express () Discover Card ()

Please print your name as it appears on your credit card _____ Signature _____ Date _____ Security Code _____

The Five Mile River Nursery School does not discriminate based on ability to pay, physical disability, race, creed, family status or national origin.

Application Form



Child's Name: _____ Age: _____
Your Name: _____ Date: _____
Start Date: _____ Email: _____

FAMILY BACKGROUND QUESTIONNAIRE

Has your child learned to use the toilet? Yes/No Home language: _____ Translator needed? Y/N

Special care required? _____ Allergies: _____

Names of siblings who attended FMRNS and year: _____

Names and birthdates of other siblings: _____

Religious Affiliation, if any: _____ Member RUMC: Yes/No

Help us plan for your child's early education experience by sharing information about yourself and your child. Please describe your child: (include his or her strengths and challenges)

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Please share activities you and your child enjoy doing together:

Please share your goals for your child in the coming year:

Is there anything you'd like to tell us about your family's background, beliefs and traditions?

Please let us know any skills, interests or talents you may be able to teach or share:

Thank you for sharing information about your family which will help us to make your child's learning experiences more meaningful.