Registration Rec'o	l:
Check #:	
Deposit Received:	
Check #:	
Handbook sent:	
Forms returned:	

Application Form

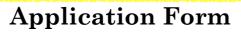


E-mail: 5milerns@gmail.com Start date: Please email or send this completed form to: How did you hear about the school? Five Mile River Nursery School, c/o the Director 5 Pennoyer Street, Rowayton, CT 06853

A non-refundable application fee of \$75 per family or \$37.50 per child (applies only 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) FOUR'S FIVE'S 5-day Monday -Friday 9:15am - 12:00pm 5-day, Monday- Friday 9:00am - 1:30pm 4-day Monday -Thursday (3s & 4s) 1:30pm - 4:00pm 5-day Extended PreK, Monday - Friday 8:30am - 12:00pm THREE'S TWO'S TOGETHER 2-day Thursday/Friday 9:30am - 12:00pm **Thursdays** 9:30 - 11:30am 3-day Monday/Tuesday/Wednesday 9:30am - 12:00pm Fridays 9:30 - 11:30am 4-day Monday - Thursday (3s & 4s) 1:30pm - 4:00pm Thursday 3:30 - 5:30pm 5-day Monday - Friday 9:30am - 12:00pm Please indicate second (and/or) third choice: EXTENDED-DAY: (PLEASE CHECK EACH DESIRED): STUDIO M-T-W-TH - F 8:30-9:15/9:20 AM (\$8.50 PER DAY) LUNCH BUNCH (LB) M-T-W-TH 12/12:15pm-1:15/1:30pm (Full year prepaid LB M-TH with 3.5% Discount \$1737) LB/ENRICHMENT M-T-W-TH 1:15/1:30 - 2:15pm (FULL YEAR LB/ENRICHMENT PREPAID M-TH W/ 3.5% DISCOUNT\$1222.17) T-W-TH LATE DAY ENRICHMENT 4:00-5:00PM (FULL YEAR PREPAID WITH 3.5% DISCOUNT \$1525.67) F-MUSIC ENRICHMENT 12:00 - 3:00PM (FULL YEAR PREPAID WITH 3.5% DISCOUNT \$951.49) Child's first & last name: Date of Birth: Sex: Male/Female (for program:____) Child's first & last name: _____ Date of Birth: Sex: Male/Female (for program : _____) Child's first & last name: Date of Birth: Sex: Male/Female (for program : _____) Cell Phone: () -Home address:_____ Home Phone: () - E-mail: Has your child learned to use the toilet? Yes/No (Diaper changing facilities provided for parent use only) Special care required? Allergies: Home language: Translator needed?: Y/N Names of both parents: 1) 2) Guardian (if any): Names of siblings who attended FMRNS and year:_____ Names and birthdates of other siblings: Religious Affiliation, if any: Member RUMC: Yes/No Business Address 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: _____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.





E-mail: 5milerns@gmail.com	Start date:
Child's Name:	Age:
Your Name:	Date:
Please help us plan for your c yourself and your child.	MILY BACKGROUND QUESTIONNAIRE child's early education experience by sharing information about ude his or her strengths and challenges)
Please share activities you and y	your child enjoy doing together:
Please share your goals for your	child in the coming year:
Is there anything you'd like to te	ell us about your family's background, beliefs and traditions?
Please let us know any skills, int	terests or talents you may be able to teach or share:
Thank you for sharing informati experiences more meaningful.	ion about your family which will help us to make your child's learning