

Registration Rec'd: _____
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)

FIVE'S

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

FOUR'S

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

☐ 4-day Monday -Thursday (3s & 4s) 1:30pm - 4:00pm

☐ 5-day Extended PreK, Monday - Friday 8:30am - 12:00pm

THREE'S

☐ 2-day Thursday/Friday 9:30am - 12:00pm

☐ 3-day Monday/Tuesday/Wednesday 9:30am - 12:00pm

☐ 4-day Monday - Thursday (3s & 4s) 1:30pm - 4:00pm

☐ 5-day Monday - Friday 9:30am - 12:00pm

TWO'S TOGETHER

☐ Thursdays 9:30 - 11:30am

☐ Fridays 9:30 - 11:30am

☐ Thursday 3:30 - 5:30pm

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 : _____)

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Home address: _____ Cell Phone: () - _____

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

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.

5 Pennoyer Street, Rowayton, CT 06853 / 203 838 4266 / 5milerns@gmail.com

www.fivemilerrivernurseryschool.com

Application Form



E-mail: 5milerns@gmail.com Start date: _____

Child's Name: _____ Age: _____

Your Name: _____ Date: _____

FAMILY BACKGROUND QUESTIONNAIRE

Please 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)

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.