

Date Application Received \_\_\_\_\_

**Application for Admission 2009 - 2010 School Year**  
**NEWINGTON UNITED METHODIST CHURCH NURSERY SCHOOL**

401 New Britain Avenue  
PO Box 310974  
Newington, CT 06111  
860-666-0027

SESSION: (check one)

- \_\_\_ 4 year old AM - Monday, Wednesday, Friday (9:00 - 11:30 AM) Tuition 2009-10 = \$ 1,660  
\_\_\_ 4 year old PM - Monday, Wednesday, Friday (12:15 - 2:30 PM) Tuition 2009-10 = \$1,660  
\_\_\_ 4 year old Extended Day – Monday, Wednesday, Friday (9:00 AM– 1:30 PM) Tuition 2009-10 = \$2,500  
\_\_\_ 4 year old PM – Tuesday, Thursday (12:15 – 2:30 PM) Tuition 2009-10 = \$1,200  
\_\_\_ 3 year old AM - Tuesday, Thursday (9:00 - 11:30 AM) Tuition 2009-10 = \$1,200  
\_\_\_ 3 year old PM - Tuesday, Thursday (12:15 - 2:30 PM) Tuition 2009-10 = \$1,200

This application must be accompanied by a non-refundable **REGISTRATION FEE** of \$ **50.00**.

**Teacher Preference** circle Y/N \_\_\_\_\_ (Teacher Name)

\*We will make every effort to accommodate your request, if possible.

**PERSONAL DATA ON STUDENT:** Please print

Child's 1<sup>st</sup> & last name \_\_\_\_\_ Child's name to be used in class \_\_\_\_\_

Street \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Date of birth \_\_\_\_\_ Birthplace (City/State) \_\_\_\_\_ Sex (M / F)

**Father's name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone/beeper \_\_\_\_\_

**Mother's name** \_\_\_\_\_ **Occupation** \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

Place of employment \_\_\_\_\_ Business phone \_\_\_\_\_

Cell phone/beeper \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_

Emergency Contact Name & phone/cell \_\_\_\_\_

Name, age & sex of other children in your household \_\_\_\_\_

Is your child toilet trained? \_\_\_\_\_ (All children must be trained before entering school)

Has your child had any previous group experience? (e.g. nursery school, play group, etc.) \_\_\_\_\_

Please tell us your church affiliation \_\_\_\_\_

How did you learn about our school? \_\_\_\_\_

Comment on your reasons for placing your child in our Nursery School: \_\_\_\_\_

Explain what you hope your child will gain from the nursery school experience \_\_\_\_\_

Briefly, describe your child's strengths \_\_\_\_\_

weaknesses \_\_\_\_\_ fears \_\_\_\_\_

temperament \_\_\_\_\_ attention span \_\_\_\_\_

speech/language skills \_\_\_\_\_ chores \_\_\_\_\_

favorite things to do \_\_\_\_\_ handedness \_\_\_\_\_

relationships with other children \_\_\_\_\_

Uses scissors \_\_\_\_\_

Is there anything about your child's behavior that concerns you? \_\_\_\_\_

Please explain \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

Do you have any skills that you could share? I.e. Crafts, fund raising experience, special talents like musical instrument. \_\_\_\_\_

**Dismissal Information**

Dismissal will be in the lobby at the nursery school table. Children wait with their teacher at our white table until each parent comes to the table to pick up their child and initials the dismissal form.

Are there any special concerns regarding custody of your child? Please explain \_\_\_\_\_

Are there any specific individuals who are **not allowed** to pick up your child from school? Please state their name and relationship to your child.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

I give permission for the following persons to pick up my child -

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ phone \_\_\_\_\_

If someone **other than the persons listed above** will be picking up my child, I will send a **written** permission slip stating the name and relationship of that individual. We will ask for identification for any new person picking up your child.

**EMERGENCY MEDICAL PERMISSION:**

IN CASE OF EMERGENCY: Staff will call 911

I hereby give my permission for the Nursery School staff to assess the situation and administer first aid.

I also give permission for my child \_\_\_\_\_ to be transported to and receive emergency medical treatment at Children's Medical Center, Hartford, CT, if necessary.

Pediatrician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

In case the parent cannot be reached, the staff is instructed to contact:

Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Address \_\_\_\_\_

Name & Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_ Address \_\_\_\_\_

Please note any special health problems, disabilities, serious illnesses or accidents, physical handicaps, vision or hearing impairments, allergies, sensitivities, etc., of which the school staff should be made aware.

\_\_\_\_\_

Do these conditions require any special treatment?

\_\_\_\_\_

Each child, before being admitted to the Nursery School, will be expected to present a certificate of physical examination, signed by a physician on or BEFORE the first day of school.

**Signature** of parent/legal guardian \_\_\_\_\_

**Print Name** \_\_\_\_\_

Date \_\_\_\_\_

**FIELD TRIP RELEASE:**

I give my permission for my child \_\_\_\_\_, to go on all walking trips in the neighborhood (usually 2 walks/year for 3 year old children) and field trips (for 4 year old children only) with NUMCNS during the school year. I understand I will be notified in advance of all trips. Transportation will be provided by parents who are able to drive that day and booster seats will be available for each child.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**PERMISSION TO SHARE STUDENT'S INFORMATION**

Please circle - I DO/DO NOT want my student's information (name, parents' name, address, and telephone number) placed on a list that will be distributed to the parents in my child's class.

**Enrollment to the Newington United Methodist Church Nursery School is complete upon receipt of signed application, signed discipline policy, child's health form and emergency medical form, signed financial agreement and paid deposit.**

Signed \_\_\_\_\_

Date \_\_\_\_\_

**THANK YOU AND WELCOME TO OUR NURSERY SCHOOL!**