

2022-2023 APPLICATION FORM

Name of Child:	DOB:	Gender:
Address:		
	State/Zip:	
Kindergarten Attending (if known):	
	Parent and/or Guardian Information	
Father's Name:	Email:	
Occupation:	Phone#:	
Address (if different from above):	·	
Mother's Name:	Email:	
Occupation:	Phone#:	
Address (if different from above):	{	
I/We prefer to register the above	child for the year beginning Septembe	r 2022 (check one) :
Preschool (3-ye	ear-old class) - 2 days, Tues/Thurs 9am	to 12pm (\$140/month)
Pre-Kindergarte	en - 3 days, Mon/Weds/Fri 9am to 12pr	m (\$190/month)
Junior-Kinderga	arten - 5 days, Mon/Tue/Wed/Thurs/Fri	9am to 12pm (\$275/month)
Where did you first learn about C	CNS' program?	
If you were referred to our	r school, by whom?	
Have you previously had a child a	ittend CCNS? No: Yes:	When:

at <u>enrollment@ccns-preschool.org</u> to arra	nge for an invoice to be sent directly to you.
SIGNATURE(S):	DATE:
Once approved, you will receive an email with	a contract and other forms to be completed and returned.
•	0.00 non-refundable application fee payable to arsery School at the address below:
Attn: Vice 13	mmunity Nursery School President of Enrollment 340 Forge Road rlisle, PA 17013
**************************************	DO NOT WRITE IN SPACES BELOW*********
Date received:	
Application fee paid:	
Check number:	
Accepted/Wait-listed:	
Teacher/Class Assignment:Parents notified of status:	
raicile fielifica of status.	

Withdrawal:_____

Please return this form and a \$50.00 non-refundable registration fee payable to CCNS to the address listed below. Alternatively, payment can be made via Paypal. Please contact Enrollment