

Bolton Cooperative Nursery School, Inc.

P.O. Box 9233, Bolton, CT 06043-0233

Phone (860)643-7454

REGISTRATION FORM

DATE RECEIVED:

REGISTRATION #:

CHECK #:

Please select appropriate program:

2-Day (Tuesday/Thursday) *3 Yrs. Old by August 31st of current school year.

OR 3-Day (Monday/Wednesday/Friday) *4 Yrs. Old by December 31st of current school year.

Child's Name _____ Birthdate: _____

Child's Address _____ Home Phone _____

Mother's Name _____ Home Phone _____

Mother's Address _____ (Cell / Beeper) _____

Mother's Work _____ Work Phone _____

Work Address _____ Email Address _____

Father's Name _____ Home Phone _____

Father's Address _____ (Cell / Beeper) _____

Father's Work _____ Work Phone _____

Work Address _____ Email Address _____

What language is spoken predominantly at home? _____

Does your child have siblings / playmates at home ? Ages? _____

Does your child attend daycare ? _____

Does your child live in a single-parent home? _____

What previous school experience has your child had? _____

Does your child have any allergies (I.e., bee stings, medication, food)? _____

What fears does he/she have? _____

What are his/her behavior habits? _____

How do you hope that school may help the child's development? _____

Student Requirements: A student must be toilet-trained, meaning they need little or no assistance when using the bathroom. A student must pass state-mandated health requirements for his/her age. A State child health record, completed by physician, must be submitted prior to the first day of school, and must be kept current during the school year.

The Registration Fee is \$50.00, payable upon submission of the Registration Form. Registration Fee is non-refundable. **Make checks payable to B.C.N.S.** If a second child from the same family is registered for the same school year, the Registration Fee is reduced to \$20.00 for the second child. Admissions are on a first come, first serve basis. Tuition is paid in four equal installments. Any outstanding tuition/late fees will be paid in full by the Parents/Legal Guardians. Withdrawal must be in writing. Please send Registration Form, signed and dated, along with your Registration Fee to:

The Bolton Cooperative Nursery School, Attention: Membership Committee, P.O. Box 9233, Bolton CT 06043-0233.

SIGNATURE _____ DATE _____ Revised: 12/06