



Canton Community Nursery School

125 Dowd Avenue
PO BOX 684
Canton, CT 06019

REGISTRATION ENROLLMENT FORM 2018-2019

Please complete this form in its entirety. We need the contact information for BOTH parents (or guardians) in case we need to contact you in the event of an emergency.

Please select a Class

_____ **Morning 3's (Tues, Thurs 9:00 – 11:30 a.m.)**

_____ **Morning 4's (Mon, Wed, Fri 9:00 – 12:30 a.m.)**

Additional education opportunity for 4's students who qualify*

_____ **Kindergarten Transition (Tues. & Thur. 12:00-2:30)**

***Note: your child needs to currently be eligible for Kindergarten to enroll in this class by meeting the state of Connecticut age requirement.**

Student Information:

Name _____
First Middle Last Nickname

Date of Birth: _____
(Child must be 3 or 4 years old by December 31st and Toilet Trained)

Siblings Names and Ages: _____

Have you ever had a child enrolled at CCNS? _____

What is the primary language spoken at home? _____

How did you hear about CCNS? _____

Parent/Guardian Information:

Parent Name: _____

Home Address: _____

(Please include town & zip code)

Home Phone: _____

Cell # _____

Email address _____

Occupation: _____

Employer: _____

Phone # _____

Address: _____

(Please include town & zip code)

Parent Name: _____
Home Address: _____
(Please include town & zip code)
Home Phone: _____
Cell # _____
Email Address _____
Occupation: _____
(Please include town & zip code)
Employer: _____
Phone # _____
Address: _____
(Please include town & zip code)

Medical Information:

Doctor to be called in an emergency:
Name: _____
Phone # _____

Insurance Carrier _____
Identification #: _____

Does your child have any known allergies? _____

*** I have read the following and agree to Policies explained on the Information sheet. I wish to enroll my child in Canton Community Nursery School. I understand that the registration fee and tuition are non-refundable.***

Parent/Guardian Signature Date