

**CHRIST'S CHURCH NURSERY SCHOOL**  
**Phone: (914) 967-5758**  
**E-mail: [director@ccnsrye.org](mailto:director@ccnsrye.org) ~ FAX: (914) 967-0398**

**Application 2010-2011**

Application Date \_\_\_\_\_ Birth Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Nickname \_\_\_\_\_

Home Address \_\_\_\_\_  
(street, city, zip code)

Phone \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Church member? Yes \_\_\_ No \_\_\_ Sibling of former pupil? Yes \_\_\_ No \_\_\_ Year \_\_\_\_\_

Previous playgroup experiences? \_\_\_\_\_

Previous separation experience? \_\_\_\_\_

Previous speech or physical Early Intervention? \_\_\_\_\_

Other important information specifics you would like to share? \_\_\_\_\_

---

We reserve the right to make placements in accordance with our educational standards and Board policy.

	<u>A.M. Sessions</u>	<u>P.M. Sessions</u>
	<b>9:00 - 11:30 A.M.</b>	<b>12:15 - 2:45 P.M.</b>
<b>One Day Program</b> (Friday) Young Twos	A.M. _____	
<b>Two Day Program</b> – (Tues/Thurs) Twos	A.M. _____	P.M. _____
<b>Three Day Program</b> – (Mon/Wed/Fri) Twos and/or Threes	A.M. _____	P.M. _____
<b>Four Day Program</b> - (Mon/Tues/Wed/Thurs.) Threes	A.M. _____	P.M. _____
<b>Five Day Program</b> - (Mon/Tues/Wed/Thurs/Fri.) P.M. _____ Fours & Fives	A.M. _____	

Please refer to the accompanying registration booklet for descriptions of the classes as well as the definition of a church member, admissions order and class placement. There are no fees due with this application. The first payment, 1/6 of the tuition, which is **NON-REFUNDABLE** will be due with the contract.

\_\_\_\_\_  
Parent's signature

All applications should be returned to: Mary Jane Burns, Director  
 Christ's Church Nursery School  
 Rectory Street ~ Rye, New York 10580