

Calvary Nursery School -Application for Enrollment 2021-2022

Child's Name	_Date of BirthGender
Sibling of current CNS child or "alum"? (yes/no	Calvary Church member? (yes/no)
Parent Name	
Address	
	Best time of day to reach you
Email	
Parent Name	
Address	
	Best time of day to reach you
Email	•
How did you hear about Calvary Nursery Scho	ool?
Has your child ever attended any nursery scho	ool, child-care, or other group experience?
Please describe briefly:	
Please indicate your child's preferred schedule	e:
Half- Day Program:	
a 8:00 - 1:30 Monday, Wednesday & Frid	day \$5,147
□ 8:00-1:30 Monday - Friday \$8,231	
Full Day Program:	au 67 407
 8:00-4:00 Monday, Wednesday & Frid 8:00-4:00 Monday-Friday \$11,972 	ay \$1,481
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Please return this completed form with an ap	plication fee of \$50 ASAP to Calvary Nursery School
27 Church Street, Stonington, CT 06378 or	
Complete the application online and paypal y	our application fee
https://www.calvarynurseryschool.net/admission	ons
Application fee is non-refundable.	
Families applying for tuition assistance may have	ve the fee waived.
For more information about our t	uition assistance program please contact
Calvary Church Financial Secretary, at (8	660) 535-1181 x 12 (all inquiries are confidential).
	Office Use
Application Fee Paid Date	Received by