



a cooperative preschool
 309a Highland Avenue, Ithaca, NY 14850
 ph 607.257.7648 www.cnsithaca.org

Community Nursery School Application

Please complete this form and return it to the CNS director at the above address with a non-refundable application fee. Payment of the application fee does not guarantee enrollment. Application fees are \$25 per child and \$10 per sibling. Please make your check payable to CNS.

Please check which program(s) you are interested in:

- 2-year old program 9-12pm
- 3-year old program 9-12pm (must have started potty-training)
- 4-year old program 9-12pm (must be potty-trained)
- extended day (12-3pm)

Morning Program choice (please indicate first, second, third, fourth ... choice):

- _____ Monday through Friday
- _____ Monday/Tuesday/Thursday/Friday
- _____ Monday/Wednesday/Friday
- _____ Tuesday/Wednesday/Thursday
- _____ Tuesday/Thursday (Nest only)
- _____ Monday/Friday (Nest only)

Extended Day Program choice:

- _____ Same as morning program
- _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Status

- Former or returning CNS student
- Sibling of CNS student
- New student

Child's name _____ Date of Birth: _____

Sex: Male Female

Parents' Names: _____

Home Address: _____

Home Phone/Cell phone: _____

Email Address: _____

Most school correspondence is via email. Please indicate if you do not have frequent access to an email account.

Special concerns: _____

Please tell us how you learned about CNS: _____

For office use only: Postmark Date: _____ Application Fee: _____ Check#: _____ Date to treasurer: _____