



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

Community Nursery School Application For the 2018-19 school year

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 and cross out options you will not consider):

- _____ 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: _____