



**Cranbury Presbyterian Nursery School  
2020-2021 REGISTRATION FORM  
P.O. Box 602, Cranbury, NJ 08512  
cpns@cranburycpns.org**

**PLEASE PRINT CLEARLY—THANK YOU!**

**STUDENT INFORMATION**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

**Allergies and Reactions** (Please list even if it is a minor allergy.):

\_\_\_\_\_

\_\_\_\_\_

**PARENT INFORMATION**

Mother/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Home Phone (if different from child): \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father/Guardian's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

Home Phone (if different from child): \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

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|--|--------------------|
| May we have your approval to provide the above information on our class lists, which will be distributed to parents of children in your child's class? | YES _____ NO _____ |
| Is the child listed above enrolled in CPNS for the 19-20 school year?  | YES _____ NO _____ |
| Are you members of Cranbury Presbyterian Church?   | YES _____ NO _____ |
| Have you, at any time, had a child enrolled in CPNS?   | YES _____ NO _____ |

**CLASS SELECTION Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices below.**

**\*\*\*CPNS reserves the right to add or delete a class based on enrollment.\*\*\***

CLASS/Number of Days	AGE REQUIREMENT	Potty Trained	DAYS	AM OR PM	TIMES	ANNUAL TUITION	Deposit (non-refundable)	CHOICE
2 ½-3 day	2 by 4/15/20	No	M, W, F	AM	9-11:30	\$3170	\$200	
3's-3 day	3 by 10/1/20	Yes	M, W, F	AM	9-11:30	\$3170	\$200	
3's-2 day (Will be offered on a wait-list basis.)	3 by 10/1/20	Yes	T, TH	AM	9-11:30	\$2207	\$200	
Pre-K-3 day	4 by 10/1/20	Yes	M, W, F	AM	9-11:30	\$3170	\$200	
Pre-K-3 day (Will be offered on a wait-list basis.)	4 by 10/1/20	Yes	T, W, TH	AM	9-11:30	\$3170	\$200	

**PAYMENT PLAN OPTIONS**

Number of Class Days	9 Payments August 1-April 1
2 days per week	\$223
3 days per week	\$330

I hereby request that my child be registered for the 2020/2021 school year at CPNS. I will be notified as to class acceptance or waiting list status. I am enclosing a \$200.00 registration fee made out to "CPNS", which will be applied toward the annual tuition fee. The registration fee will not be refunded if I cancel my child's enrollment at CPNS. The registration fee will only be refunded if there are not available openings in any age appropriate program for my child by the first day of school. If I withdraw my child, I understand that refund of tuition will only be made when my child's spot is filled.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_