



Greenwich Nursery School

17 Greenwich Church Road
Stewartsville, NJ 08886
Phone 908-479-6886 • Fax 908-479-4269
www.greenwicznursery.com

2014-2015 Registration Form

Child's Name: _____ M ___ F ___ **D.O.B.** ___/___/_____

Address: _____

City: _____ State: _____ Zip: _____

School District Child Will Attend: _____

Home Phone: _____ Cell (M): _____ Cell (F): _____

Mother's Name: _____ Occupation: _____

Business Address: _____ Phone: _____

Father's Name: _____ Occupation: _____

Business Address: _____ Phone: _____

Email Address: _____

FEE: A non-refundable registration fee of \$65.00 must accompany this application to secure your child's enrollment in the program. This is a separate fee and is not applied toward tuition. Upon receipt of this fee, your child will be registered for the following program:

Bumblebees

(2 ½ by Oct. 1)
Tue. & Thurs.
9:00-11:00 am
\$1,530.00 yr.
(\$510 x 3)

Caterpillars

(3 by Oct. 1)
Tue. & Thurs.
9:00am- noon
\$1,911.00 yr.
(\$637 x 3*)

Butterflies

(4 by Oct. 1)
M-W-F
9:00am-noon
\$2,015.00 yr.
(\$672 x 3*)

Fireflies

(5 on/before Dec. 31)
M-W-F
9:00am- noon
\$2,015.00 yr.
(\$672 x 3*)

5 Day Week
12:30-3:30 pm
\$3,100.00 yr.
(\$1,033 x 3*)

*Tuition is billed in trimesters. **Payments are due July 1, November 1, and February 1.**

Parent/Guardian Signature: _____ Date: _____

Paid by: Check # _____ Cash _____ PayPal: _____