

# Princeton Nursery School

78 Leigh Avenue, Princeton-NJ 08542  
 Phone (609) 921-8606 • Fax (609) 921-8898 • pnskids@gmail.com

## 2018-2019 PRINCETON NURSERY SCHOOL ENROLLMENT APPLICATION

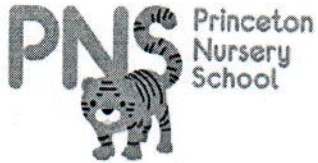
Child's Name	
Child's Date of Birth	Age
I would like to enroll a brother or sister of this child, too. (PLEASE COMPLETE A FULL APPLICATION FOR EACH CHILD)	
Name of sister/brother	Sister/brother's date of birth ____/____/____
Name of sister/brother	Sister/brother's date of birth ____/____/____

## PARENT(S) IN THE CHILD'S HOME

Name of Parent(s)		
Relationship to Child		
Employer or School		
Employer or School Address		
Employer or School Phone		
Work or School Hours	From - To :	From - To :
Cell Phone		
e-mail		
Fluent Language(s) (Please circle)	English Chinese Spanish Other:	English Chinese Spanish Other:
Family Home Address (Street, City, State, Zip)		
Family Home Phone Number		

## √ PROGRAM (PLEASE TICK THE BOX TO INDICATE THE DESIRED PROGRAM FOR YOUR CHILD : OPTION 1, 2, 3 AND/OR 4)

Preschool	<input type="checkbox"/>	1. FULL-YEAR FULL-TIME TUITION (Sept – Aug) Full-Time Preschool, Monday Through Friday, Full Child Care Day (7:30 Am – 5:30 pm) Tuition \$1,150.00/Month
	<input type="checkbox"/>	2. CCVC-DFD SUBSIDIZED (Sliding Scale Co-Pay) – Subsidy Tuition Determined By Sliding Scale
	<input type="checkbox"/>	3. TUITION SUBSIDY FROM PARENT'S EMPLOYER AND PARENT CO-PAY. 15 School Closings, Parents Charged. PNS Scholarship Tuition determined by slidings.
Pre School-K	<input type="checkbox"/>	4. SUMMER- ONLY (July & Aug) Monday through Friday Summer Only, Full child care day (7:30 am to 5:30 pm)



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### PAYMENT METHOD

I will pay the full fee.

I will pay the full fee until subsidy becomes available.

I will pay the fee established by the subsidy program.

### OPTIONAL : MY CHILD HAS SPECIAL NEEDS (Describe any precautions, services or provisions required for child's care)

### PRIORITY ENROLLMENT (The waiting list is not strictly in order of application date. Read ahead to see if any of these priority enrollment criteria apply to you)

I have Princeton University affiliation.

I qualify for a NJDHS CCVC Voucher.

This child is a sibling of a currently enrolled child [Enrolled child's name: \_\_\_\_\_]

I will pay full fee for the duration of my child's enrollment.

### Desired Enrollment Date

Immediately

Other: \_\_\_\_\_

### Applicant Signature

Date

### OFFICE USE ONLY