



Greenwich Nursery School

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

2019-2020 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:

2+ Program

(2 ½ by Oct. 1)
Tue. & Thurs.
9:00-11:00 am
\$1,953.00 yr.
(\$651.00 x 3)

3s Program

(3 by Oct. 1)
Tue. & Thurs.
9:00am- noon
\$2,196.00 yr.
(\$732.00 x 3)

4-5 Program

(4 by Oct. 1)
M-W-F
9:00am-noon
\$2,352.00 yr.
(\$784.00 x 3)

4-5 Program

OR (4 by Oct. 1)
M-F
9:00-noon
\$3,000.00 yr.
(\$1,000.00 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 _____