

Country Day Nursery School

at St. Bartholomew's, LLC

START DATE	APPLICATION FOR SCHOOL YEAR 2011 / 2012					
PROGRAMS (please circle)	PROG. 1	PROG. 2	PROG.2A	PROG. 3	PROG. 4	PROG. 5
EXT. PROGRAMS (please circle)	ONLY FOR PROGRAMS 1, 2, 3, 4			MONDAY: MUSIC/RHYTHMIC		
PROGRAM 7 (please circle)	MONDAY THROUGH FRIDAY 8AM TO 3:30 pm					
PROGRAM 8 (please circle)	MONDAY THROUGH FRIDAY 8AM TO 5:30 pm					
VACATION/CAMP WEEKS	OCTOBER /DECEMBER / JANUARY / FEBRUARY / APRIL 8:00AM -5:30PM					
STUDENT INFORMATION	Last Name		First Name		Date of Birth	Sex
TELEPHONE:	Street				Place of Birth	Country
Home:	City		State	ZIP Code	Citizenship(s)	
Cell:						
PARENT/GUARDIAN	Last Name		First Name		Citizenship(s)	
	Company				Title	
	Bus.Address Street City State Zip					
	Telephone		Fax		E-mail	
	Last Name		First Name		Citizenship(s)	
	Company				Title	
	Bus.Address Street City State Zip					
	Telephone		Fax		E-mail	
SIBLINGS	Last Name		First Name		Date of Birth	
	Last Name		First Name		Date of Birth	
LANGUAGE	Native Language		Other Language		Other Language	
SIGNATURE	Date, Signature of Parent/Guardian					

Please fill out and return with payment of \$300.00 by May 1, 2011
(non-refundable registration fee \$50.00 & deposit of \$250.00 that constitutes a credit
against the tuition for the Spring Semester 2012, only for children signed up for Fall **and** Spring semester).
For applications received after May 1, 2011 the non-refundable registration fee will be \$100.00

CDNS does not discriminate on the basis of race, religion, color,
national or ethnic origin in administration of its policies or admission practices.

82 Prospect Street, White Plains, NY 10606
Tel. (914) 946-0628 E-mail: KIGA@att.net Webpage: www.kiga.us Fax: 201 444-5533

**ADMISSION OF A STUDENT WILL BE ACCEPTED BY THE SCHOOL ONLY AFTER
THE SIGNED ENROLLMENT AGREEMENT, RECEIPT OF A COPY OF THE STUDENT'S BIRTH CERTIFICATE,
AND THE CHILD'S MEDICAL STATEMENT AND IMMUNIZATION RECORD .**