



**Registration Application for Admission
2018-2019**

Child's Full Name _____
Nickname _____ Date of Birth ____ / ____ / ____ Gender _____
Home Address _____

Parent/Guardian Name _____ Occupation _____
Business Address _____
Home phone _____ Cell phone _____ Work phone _____
e-mail address _____

Parent/Guardian Name _____ Occupation _____
Business Address _____
Home phone _____ Cell phone _____ Work phone _____
e-mail address _____

Names and ages of siblings in household _____
Names of additional individuals in household _____

Does your child have any special needs that our teachers should be aware of? If yes, please explain: _____

I am registering my child for: (check one)

_____ Nursery School (3-year-old program) Tuesdays and Thursdays

_____ Abbreviated Multiage Program (older 3's, 4's, and 5's) Monday, Wednesday, & Friday

_____ Full Week Multiage Program (older 3's, 4's, and 5's) Monday-Friday

A non-refundable \$25.00 registration fee must accompany this application. Checks should be made payable to CTNS. Please return completed form to: Canal Town Nursery School, P.O. Box 415, Palmyra, NY, 14522.