



# Princeton Nursery School

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

## JANUARY 2013 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*  **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 \$950.00/Month

**2. CCVC-DFD SUBSIDIZED (Sliding Scale Co-Pay) – Subsidy Tuition Determined By Sliding Scale**

**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*  **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