1089 Fairfield Woods Rd
Fairfield, CT 06825
Phone: 203-374-6548
E-mail: mnsoffice@mnskids.com
Website: methodist-ns.com

Methodist Nursery School

methodist-ns.com
203-374-6548

Denise Lee
Director

Bonnie Boyle
Administrative Assistant

Methodist Nursery School Student Application 2026-2027

There is a $150 registration fee per student; This fee is non-refundable. Families who do not have a child currently enrolled at MNS must also submit 1 installment of tuition at time of registration. This fee is also non-refundable.

Child's Last Name_____ Child's First Name _____

Spelling of name at school * _____ DOB_____ Boy ____ Girl ____
*Spelling of name at school for name tags, cubby tags, etc., if different from legal first name

Address _____

City _____ Zip Code _____ Home Phone _____

Parent 1 Name _____

Parent 1 Cell Phone _____ Parent 1 Work Phone_____

Parent 2 Name _____

Parent 2 Cell Phone _____ Parent 2 Work Phone_____

Preferred Email Address(es) _____ _____

Does your child have any special needs, receive Birth to Three services or have an IEP?_____

Food allergies or other health concerns: _____

Is Your Child: a returning student __ MNS sibling ____ Member of Fairfield Grace ____ New student ____

Future child/children attending MNS: Name(s)_____ DOB(s)_____

Class	Days	Times	Tuition
___2-year-old class	2 Days	9:15am-12:00pm	$4890
___3-year-old class	3 Days	9:00am-12:15pm	$6160
___4-year-old class	4 Days	9:00am-12:30pm	$7490
___PreK class	5 Days	9:15am-1:30pm	$9240

Enrollment Date_____Check #_____Amount_____ *for office use only*