

1089 Fairfield Woods Rd
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Methodist Nursery School



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Denise Lee
Director

Bonnie Boyle
Administrative Assistant

Methodist Nursery School Student Application 2027-2028

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) _____

If applicable, please indicate your first and second choice.

2027-2028

<u>Class</u>	<u>Days</u>	<u>Times</u>	<u>Tuition</u>
___ 2-year-old class	1 Day	9:15am-12:00pm	\$2490
___ 3-year-old class	3 Days	9:00am-12:15pm	\$6420
___ 4-year-old class	4 Days	9:00am-12:30pm	\$7810
___ Pre-K class*	5 Days	9:15am-1:30pm	\$9630

*Pre-K Priority: Priority for the Pre-K program is given to children currently enrolled in a 4-year-old class and are born after September 1, 2022.

*Eligible Kindergarten students born on or before September 1st: If you have interest in enrolling in Pre-K, please discuss with Mrs. Flynn and Mrs. Lee

* Class Selection Guidelines: At this early time, families with children currently in a 3-year-old class should select the 4-year-old class as their 1st choice, unless they have received a direct teacher recommendation for the Pre-K program.

Enrollment Date _____ Check # _____ Amount _____ *for office use only