

**Office Use Only**

App Rec'd \_\_\_\_\_

App Fee: \_\_\_\_\_

Letter sent: \_\_\_\_\_

Entered: \_\_\_\_\_

1st day: \_\_\_\_\_

# HOPMEADOW NURSERY SCHOOL

## 2020-2021 APPLICATION FOR ENROLLMENT

2 Day Threes T/Th 9-11:30 ____	4s (M/W/F 9-11:30) ____	Pre-K M-F 9-12:00 ____
3 Day Threes 9-11:30 T/W/Th__	4 day 4s/Explorers Club(Tu or Th 9-11:30	Pre-K Ext. Day 12-1:00 or 12-1:30 Tu_ F_
3s Ext Day 11:30-1 Tu__	4s Ext. Day (11:30-1)Tu __Th__ F__	Pre-K Creative Movement M 12-1:45
3s Ext. Day 11:30-1 Th__	4s Creative Movement M (11:30-1) ____	Pre-K 1 <sup>st</sup> Steps in Music W(12-1:45) ____
3s 1 <sup>st</sup> Steps in Music 11:30 -1 W__	4s 1 <sup>st</sup> Steps in Music W(11:30 -1) ____	Pre-K Yoga Th 12-1:45

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ DOB \_\_\_\_\_ M F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address (for school to home communication) \_\_\_\_\_

Siblings Name \_\_\_\_\_ DOB \_\_\_\_\_ HNS Alumni? Y N

Name \_\_\_\_\_ DOB \_\_\_\_\_ HNS Alumni? Y N

### INFORMATION WHICH MAY BE HELPFUL TO THE TEACHING STAFF

Is your child also in daycare? \_\_\_\_\_

Has your child had other group experiences playing with other children? (for example, playgroups)  
\_\_\_\_\_

Has your child had experience with other adults, such as caregivers, sitters, etc.? \_\_\_\_\_

Have you recently moved? \_\_\_\_\_

Does your child know how to make his/her needs known? Are there special words for toileting, etc.?  
\_\_\_\_\_

Does your child have any physical conditions or special needs the teachers should be aware of? If yes, please explain.

Birth to Three Services: \_\_\_\_\_

Eyes \_\_\_\_\_ Ears \_\_\_\_\_

Speech \_\_\_\_\_ Allergies (food, insects, etc.) \_\_\_\_\_

Asthma \_\_\_\_\_ Other \_\_\_\_\_

What are your child's special interests/favorite things? \_\_\_\_\_

Are there any special needs, fears, or anxieties that your child might have that you are aware of?  
\_\_\_\_\_

What elementary school will your child attend? \_\_\_\_\_

The school's discipline policy has been explained to me: Yes No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Your completed application, plus a non-refundable \$55.00 application fee payable to *Hopmeadow Nursery School*, may be mailed to: Hopmeadow Nursery School, PO Box 534, Simsbury, CT 06070.

For more information, please call 658-4990 or visit our website at [www.hopmeadownurseryschool.org](http://www.hopmeadownurseryschool.org).

Hopmeadow Nursery School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at school. It does not discriminate on the basis of race, color, national and ethnic origin in the administration of its educational policies, admissions policies, scholarships and loan programs, and athletic and other school administered programs.