

**Office Use Only**

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

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

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

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

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

# HOPMEADOW NURSERY SCHOOL

## 2025-2026 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 W/Tu/Th\_\_\_ 4 day 4s/Creative Explorers(Tu or Th 9-11:30 Pre-K Ext. Day M TU TH FR  
 3s Ext Day 11:30-1 Tu\_\_\_ 4s Ext. Day (11:30-1 ) M TU TH FR PreK 1<sup>st</sup> Steps in Music W 12-1:45\_\_\_  
 3s Ext. Day 11:30-1 Th\_\_\_ 4s 1<sup>st</sup> Steps in Music W(11:30 -1) \_\_\_  
 3s 1<sup>st</sup> Steps in Music 11:30 -1 W\_\_

Child's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_ M F

What name does your child prefer? \_\_\_\_\_

Name you want your child to learn to recognize and write: \_\_\_\_\_

Child's Home Address \_\_\_\_\_

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

Parent/Guardian #1 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Home Address (if different from child) \_\_\_\_\_

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

Parent/Guardian #2 \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Home Address (if different from child) \_\_\_\_\_

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

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

Parents: (please circle) Married Separated Divorced Other

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

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

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

List other members of the household: \_\_\_\_\_

Is there any family information that would help us understand your child? \_\_\_\_\_

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

Please describe your child in a few words: \_\_\_\_\_

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? Yes No

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 \_\_\_\_\_ Gross Motor \_\_\_\_\_

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 would you like your child to gain from a preschool experience? \_\_\_\_\_

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

Is there anything else you would like to share about your child? \_\_\_\_\_

I have been informed of Hopmeadow Nursery School's discipline policy and behavior management techniques by the director. Yes No

Please describe your family's approach to discipline and behavior management? \_\_\_\_\_

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.