

Office Use Only
App Rec'd _____
App Fee: _____
Letter sent: _____
Entered: _____
1st day: _____

HOPMEADOW NURSERY SCHOOL

2024-2025 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 st Steps in Music W 12-1:45__
3s Ext. Day 11:30-1 Th__	4s 1 st Steps in Music W(11:30 -1) ____	
3s 1 st 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? _____

The school's discipline policy has been explained to me. I have discussed it with 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.

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.