

Calvert Nursery School
P.O. Box 1762
Prince Frederick, MD 20678
Phone 410-535-0577

Date rec'd: _____
Payment: _____

Enrollment Application

Please indicate 1st and 2nd class preference:

- ____ **3's morning:** 9:00am - 11:30am Thurs & Fri
____ **3's afternoon:** 12:00pm - 2:30pm Thurs & Fri
____ **4's morning:** 9:00am - 11:30am Mon/Tues/Wed
____ **4's afternoon:** 12:00pm - 2:30pm Mon/Tues/We

Tuition

3's classes: \$145/month
4's Classes: \$175/month

Payment may be made monthly, per semester, or in full by cash, check, or Zelle.

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

Child's full name: _____ Name called: _____
first middle last (name to be used in the classroom)

Date of birth *(see minimum ages below): _____ Gender: _____
month day year

Parent/Guardian names: _____

Child primary contact (*circle one*): both parents father mother other (*please explain*)

Address: _____

City/State/Zip: _____

Email address: _____

Primary Phone: _____ Alternate Phone: _____

CNS enrollment: Currently enrolled Sibling attended, year? None

How can we best accommodate your child to facilitate a positive learning environment (e.g. dietary, educational) :

How did you first hear about Calvert Nursery School?

Calvert Nursery School is a parent-operated cooperative; parental involvement is vital. Are you willing and open to participate in the operation requirements of the school as a Parent-Of-the-Day (classroom helper), and as a member of the School Board or as a member of school committee? Please initial one.

_____ Yes, I am willing _____ Not sure, need more info

Please mail application and a \$50.00 non-refundable application fee to: **Calvert Nursery School**
Attn: Membership
P.O. Box 1762
Prince Frederick, MD 20678

*Children entering the 3's class must be three years old by September 1st.
*Children entering the 4's class must be four years old by September 1st.