

Davis Community Church Nursery School
dccns.org
412 C Street, Davis, CA 95616 Telephone: (530) 758-2940
License # 570300152

REGISTRATION APPLICATION – SCHOOL YEAR 2009-2010

Due back: *February 27, 2009 for returning families**

Due back: *March 31, 2009 for new families**

Name of child: _____ Sex: _____ Date of Birth: _____
Last First month/day/year

Parent(s) _____ and _____
Last First Last First

Address: _____ Telephone: _____

E-mail address for DCCNS purposes only: _____

Are you interested in a position on the DCCNS Board?

Session choices

(Please indicate your 1st **AND** 2nd choices. The second choice is needed in the event your first session choice is unavailable. Your child will be considered only for the sessions for which he/she is age-eligible.)

- ___ Early Explorers (Fri. 12:00-1:30 p.m.) Ages 15-24 mos.
- ___ Toddler (Mon. & Fri. 9:00—11:00 a.m.) Ages 2-3
- ___ AM class (T, W, & Th. 9:00—11:45 a.m.) Ages 3-5
- ___ PM class (T, W, & Th. 1:00—3:45 p.m.) Ages 3-5

Current status of child/family

(Check all that apply)

- ___ Continuing student in the same session
- ___ Child of DCCNS employee
- ___ Continuing student from session _____
- ___ Continuing family with new child
- ___ Davis Community Church member or employee
- ___ Alumni Family (_____-_____)
- ___ My child is still on the 2008-2009 waitlist***
- ___ New Family

DCCNS has financial aid available. For inquiries or application forms, contact the Registrar or Director.

Statement: I am familiar with the DAVIS COMMUNITY CHURCH NURSERY SCHOOL program and understand that adult participation, parent meetings, work parties and a family task are required; siblings may not accompany adults on their participation days.

Signed: _____ Date _____

Please return this application **with a \$40 NON-REFUNDABLE** application fee,**
or a **\$10.00 application fee** for Early Explorers to

REGISTRAR, DCCNS, 412 C Street, Davis, CA 95616

(please make check payable to DCCNS)

Your registration application will **only be accepted** with the appropriate application fee.

* After this date, applications are accepted for consideration on a continuous basis.

** You must contact the Registrar in writing by September 29, 2009 and prior to being contacted by the Registrar to have your application fee refunded. Please include a SASE with your refund request. Refund checks will be mailed in October 2009.

*** Once your child's 2008-2009 wait list status has been confirmed, the **application fee accompanying this application will be refunded.**

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM

Revised: 9/3/09

For registration priority purposes, please complete the following for each child who has attended DCCNS.

Child's Name

Year(s) of Attendance

_____	_____
_____	_____
_____	_____
_____	_____

How did you hear about DCCNS? _____

Please do not write in this space:

Appl. Rec'd: _____

Appl. Reg. fee: _____

Session enrolled: _____

Waiting list: _____

Check #: _____

Date: _____