

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

REGISTRATION APPLICATION – SCHOOL YEAR 2010-2011

Due back: *February 26, 2010 for returning families**

Due back: *March 26, 2010 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: _____

Please check here if you are 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
- ___ Monday Combo Class (M 1-3:45) Ages 4-5 ***

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 2009-2010 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.

** Once your child's 2009-2010 wait list status has been confirmed, the **application fee accompanying this application will be refunded.**

*** Students must be returning students to DCCNS and kindergarten eligible for the following school year. Availability of this class will depend on the number of interested families.

PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM

Revised: 2/2/10

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: _____