



Greenwich Nursery School

17 Greenwich Church Road
Stewartsville, NJ 08886
Phone 908-479-6886 • Fax 908-479-4269
www.greenwichnursery.com

2025-2026 Registration Form

Child's Name: _____ M ___ F ___ **D.O.B.** ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

School District Child Will Attend: _____

Cell (Mother): _____ Cell # (Father): _____

Mother's Name: _____ Occupation: _____

Business Address: _____ Work Phone: _____

Father's Name: _____ Occupation: _____

Business Address: _____ Work Phone: _____

Email Address: _____

FEE: A non-refundable registration fee of \$65.00 must accompany this application to secure your child's enrollment in the program. This is a separate fee and is not applied toward tuition. Upon receipt of this fee, your child will be registered for the following program:

- | | | | | |
|---|---|---|--|--|
| <input type="radio"/> 2+ Program | <input type="radio"/> 3s Program | <input type="radio"/> 3s Program | <input type="radio"/> 4-5 Program | <input type="radio"/> 4-5 Program |
| (2 ½ by Oct. 1) | (3 by Oct. 1) | OR (3 by Oct. 1) | (4 by Oct. 1) | OR (4 by Oct. 1) |
| Tue. & Thurs. | Mon & Wed | Tue. & Thurs. | M-W-F | M-F |
| 9:00-11:00 am | 9:00am- noon | 9:00am- noon | 9:00am-noon | 9:00-noon |
| \$2,520.00 yr. | \$2,992.00 yr. | \$2,992.00 yr. | \$3,201.00 yr. | \$4,175.00 yr. |
| (\$840.00 x 3) | (\$998.00 x 3) | (\$998.00 x 3) | (\$1067.00 x 3) | (\$1,392.00 x 3) |
| *(\$280.00 x 9) | *(\$333.00 x 9) | *(\$333.00 x 9) | *(\$356.00 x 9) | *(\$464.00 x 9) |

Enrichment Options: (Check off if interested)

____ Add 3's Class (1 additional day) Fridays from 9 am-12 pm (starts 1st week October) (Cost \$896)
This additional day has the theme of 'Traveling Around the World'. The kids will travel to a new country each week and learn about the culture/holidays celebrated in that country. The director will provide additional information.

____ Interested in 4's program enrichment options. The director will provide additional information.

Tuition: ***Monthly billing is available for your convenience.**

Would you prefer to be billed? ____ Quarterly (July/Nov/Feb) or ____ Monthly (July-March) (9x)

Parent/Guardian Signature: _____ Date: _____

Paid by: Check # _____ Cash _____ Electronic (via Brightwheel app) _____