



Greenwich Nursery School

17 Greenwich Church Road
Stewartsville, NJ 08886
Phone 908-479-6886
www.greenwicznursery.com

2025-2026 Registration Form for 2.5 Friday Class

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: _____ Phone: _____

Father's Name: _____ Occupation: _____

Business Address: _____ 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:

☐ **2+ Program** (January 9, 2026- May 29, 2026)

(Must be 2.5 years old to start program)

Fridays

9:00-11:00 am

\$704 yr.

(Jan/Feb/Mar/April billing = \$176 per month)

Note: We will allow children to start when they turn 2.5 years old. If it is after December 1st, we will wait until they turn 2.5 years old and match tuition to start date.

NOTE:

We need at least 4 students to start the program. Max number of kids in the class is 7 students.

*Tuition is billed in trimesters.

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

Would you prefer to be billed ____ Full tuition or ____ Monthly (Jan/Feb/Mar/Apr) (4x)?

Parent/Guardian Signature: _____ Date: _____

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