



Greenwich Nursery School

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

2026-2027 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 \$75.00 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
(2 ½ by Oct. 1)
Mon/Wed OR Tues/Thur
9:00-11:00 am
\$2,664.00 yr.
(\$888.00 x 3)
*(\$296.00 x 9) | <input type="radio"/> 3s Program
(3 by Oct. 1)
Mon/Wed OR Tues/Thur
9:00am- noon
\$3,195.00 yr.
(\$1,065.00 x 3)
*(\$355.00 x 9) | <input type="radio"/> 4-5 Program
(4 by Oct. 1)
Mon-Wed-Fri
9:00am-noon
\$3,402.00 yr.
(\$1,134.00 x 3)
*(\$378.00 x 9) | <input type="radio"/> 4-5 Program
OR (4 by Oct. 1)
Monday-Friday
9:00-noon
\$4,275.00 yr.
(\$1,425.00 x 3)
*(\$475.00 x 9) |
|---|--|--|--|

2s/3s Do you prefer? _____ **Mon/Wed** _____ **Tues/Thur** _____ **Either class**

Enrichment Options: (Check off in interested)

____ Add 3's Class (1 additional day) Fridays from 9 am-12 pm (starts October 2, 2026) (Cost \$891)
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) _____