RCNS

Rockville Community Nursery School

A cooperative preschool where children are free to engage, experiment and explore

Application Form

Today's Date: _____

Class for which you are applying *(please circle your first choice):*

Tues/Thurs 2s ($260)	Mon/Wed/Fri 2s ($350)
Mon/Wed/Fri 3s ($350)	Tues/Thurs/Fri 3s ($350)
Mon–Thurs 4s ($410)	Mon–Fri 4s ($495)

Child's Name: _____
(Last) *(First)* *(Middle)*

Nickname *(if any)*: _____

Date of Birth: _____ Sex *(circle one)*: Male Female

Home Address: _____
(Street)

_____
(City) *(State)* *(Zip Code)*

Home phone number: _____

E-mail address: _____

Parent Name:	Parent Name:
Work phone number:	Work phone number:
Cell phone number:	Cell phone number:

How did you first hear about RCNS? *(please check all that apply)*

□ Friends/Family	□ Preschool Fair	□ Yellow Balloon Fair
□ Community Flyer	□ MCPS Flyer	□ RCNS Website/Facebook
□ Internet Search	□ Other _____	

Please make checks payable to RCNS.

Your check should include a nonrefundable payment for May 2013 tuition and a registration fee of $75.00 per family. Thirty days written notice is required for withdrawals.

I understand that these payments are nonrefundable and I agree to abide by this policy.

_____ _____ _____
Signature *Date* *Check Number*