



“Creating A Desire & Atmosphere For Learning”

129 Chestnut Street  
Toms River, New Jersey 08753  
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## CHESTNUT HILL NURSERY SCHOOL APPLICATION

September 2011-June 2012

Name of Child \_\_\_\_\_ (M/F) Date of Birth \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_

Cell No. ( ) \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

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### RATES FOR THE 2011-2012 SCHOOL YEAR

\$50.00 REGISTRATION FEE PER CHILD

25% DISCOUNT FOR SECOND CHILD

2 Day Program \$1580.00    3 Day Program \$2180.00    5 Day Program \$2970.00  
(10 payments of \$158.00)    (10 payments of \$218.00)    (10 payments of \$297.00)

I hereby register my son/daughter at Chestnut Hill Nursery School and agree to pay annual tuition of \$\_\_\_\_\_ in ten equal payments of \$\_\_\_\_\_, due by the 10<sup>th</sup> of each month, September through May and the prepayment of the final month's tuition which is now due. A \$5.00 late fee will be added if payment is received after the 10<sup>th</sup> of each month. A fee will be charged for returned checks in accordance with bank fees. It is agreed that all immunization records and other records required for nursery school licensing will be provided before my child begins school. Enclosed is the \$50.00 non-refundable registration fee and final month's tuition. Please make check payable to **Chestnut Hill Nursery School**.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

\_\_\_\_\_ Member of First United Methodist Church

Number of children enrolling at Chestnut Hill for 2011-2012 \_\_\_\_\_

SCHOOL SESSIONS

AM SESSION 9-11:30 AM

PM SESSION 12-2:30 PM

2 1/2 YEAR OLD PROGRAM

(Child must be 2 by April 1, 2011)

Please circle choice

Tues/Thurs AM

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3 YEAR OLD PROGRAM

(Child must be 3 on or by Oct. 1, 2011)

Please circle choice

Tues/Thurs AM

Tues/Thurs PM

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4 YEAR OLD PROGRAM

(Child must be 4 on or by Oct. 1, 2011)

Please circle choice

Mon/Wed/Fri AM

Mon/Wed/Fri PM

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5 DAY PROGRAM

A child who has completed a 3 or 4 year old program will be eligible for the 5 day class with a teacher and administrator recommendation.

Please circle choice

Mon/Tue/Wed/Thurs/Fri PM

FOR OFFICE USE ONLY:

Received \_\_\_\_\_ Reg. Fee Paid \_\_\_\_\_ June Prepayment Paid \_\_\_\_\_

Check # \_\_\_\_\_