

**APPLICATION FOR
KINDERGARTEN ENRICHMENT
LONG VALLEY CHRISTIAN NURSERY SCHOOL
2011-2012 ACADEMIC YEAR**

Name of Child _____ Sex M F DATE OF BIRTH _____
Child's Address _____ Age by 10/01/11 _____ Years _____ Months
City, State, Zip _____ Home Phone _____
Names of Parents _____ Address of Parents (if different) _____
Parent's Occupation _____ Parent's Occupation _____
Cell Phone _____ Cell Phone _____
Does child live with both parents? (Y/N) _____ Email Address: _____
If "no" please explain custodial/financial arrangements on (Used for billing and class list distribution)
the back of this form.

Is your family:
A Zion Church Member? (Y/N) _____ A current LVCNS Family? _____ A former LVCNS family? _____

Please indicate your first choice of class and session by writing "1" on the appropriate line. Please indicate your second choice by writing "2" and your third choice by writing "3". Children who register will have preference on the Waiting List if necessary.

Class Choice:

Kindergarten Enrichment p.m. only	
2 Days (Tue/Thurs)	_____
3 Days (MWF)	_____
5 Days (M-F)	_____

Please enclose a **\$50 check made payable to LVCNS for the NON-REFUNDABLE APPLICATION FEE**. No application will be processed without this fee or the signature of a parent. A separate Application must be completed for each child in a family.

Parent Signature: _____