



**APPLICATION 2024-2025 SCHOOL YEAR**

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Language(s) spoken: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I wish to enroll my child in The Children's School in the following program:

**Pre-Kindergarten/Nursery 9:00 to 12:00**

\_\_\_\_\_ 5-day M-F program \$800.00 per month

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**Nursery 9:00 to 12:00 ( child must be 3 by 11/30/ 24)**

\_\_\_\_\_ 4-day M-Th program \$750 per month  
\_\_\_\_\_ Friday Friends with Miss Donna's class if there is room \$100 extra per month

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**Play Group 9:00 to 12:00 (child must be 2 by 11/30/24)**

\_\_\_\_\_ 2 day T-Th program \$600 per month  
\_\_\_\_\_ 3-day M, W, F \$700.00 per month  
\_\_\_\_\_ 5-day M-F program (with approval) \$1,000 per month

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I understand that I am registering for the entire school year, but paying monthly for 10 months. Other payment schedules may be discussed with the director. A limited amount of scholarship money is available. A one-month deposit is required for all new students. \$100 deposit for all returning students. I have enclosed a deposit of: \$\_\_\_\_\_. I understand that the deposit is non-refundable and will be credited to the June 2025 tuition payment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The Children's School is a Not-for-Profit 501C3*

*The Children's School does not discriminate on any basis.*

The Children's School \* Phone: (631)488-4140 \* Fax: (631)488-4141  
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