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## APPLICATION: 2026-2027 SCHOOL YEAR

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

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

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

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

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

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

*A one-month deposit is required for all new students. \$100 deposit is required for all returning students.*

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

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

☐ 5-day Monday – Friday Program / \$800.00 per month

**Nursery: 9:00 am to 12:00 pm**

☐ 4-day Monday – Thursday Program / \$700.00 per month

**Play Group: 9:00 am to 12:00 pm (child must be 2 years old by 11/30/26)**

<input type="checkbox"/> 2-day T-Th Program \$500.00 per month	<input type="checkbox"/> 3-day M, W, F Program \$600.00 per month	<input type="checkbox"/> 5-day M-F Program (with approval) \$800.00 per month
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I understand that I am registering for the entire school year, but I will pay 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 2027 tuition payment.

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