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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 |
|---|--|--|

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: _____