



Dear Prospective Family,

Thank you for your interest in Covenant Cooperative Nursery School. CCNS is a faith-based preschool ministry of Riverside Covenant Church that promotes healthy growth and development.

CCNS is proud to maintain low student to teacher ratios in all our classes. In the three-year-old and mixed-age classes, CCNS admits 12 students with two teachers. In the four-year-old classes CCNS admits 15 students with two teachers.

CCNS offers a Monday through Friday mixed-age class, a Tuesday and Thursday three-year-old class, and a Monday, Wednesday, and Friday four-year-old class. All classes have a flexible drop-off time from 8:30-9:00 and end at 12:00, with the option of Extended Days from 12-2:30.

Extended Days are led by one of our qualified teachers and follow the same rhythm as the morning programming. Extended Days include a time for students to relax, refresh, and snack before continuing their day of learning and fun.

Children who are three years old or four years old by September 1st and are potty trained are eligible to enroll in the respective class. **Please note** that being **potty-trained** is a **requirement** for attendance. Per our regulations unfortunately we cannot admit students who are not potty trained.

If you are interested in enrolling, please complete and return the Registration Form and the class choice form along with a non-refundable \$100 deposit. Admissions documents will be sent after the registration documents are received.

Priority enrollment for current families is held during the first two weeks of January and open enrollment begins the third week of January. Early registration is advised.

If you have interest in before and afterschool care, please let us know as we consider how to best serve our community.

To request more information please contact the CCNS office at (401) 433-3196 or ccns@eccriverside.org.

Blessings,

Catherine Foos, Director



2024-2025 Registration Form

Registration Date _____
Confirmation _____

Office Use Only: Reg. Fee _____ Medical Forms _____

Child's Name _____	DOB _____	Gender _____
Address _____		
(street)	(town/state)	(zip)

Parent/Guardian Name _____	Email Address: _____
Address (if different than above) _____	Cell Phone # _____
	Home Phone # _____
Relationship to Child: Father Mother Foster Parent Step=Parent	Employer _____
	Work Phone # _____

Parent/Guardian Name _____	Email Address: _____
Address (if different than above) _____	Cell Phone # _____
	Home Phone # _____
Relationship to Child: Father Mother Foster Parent Step=Parent	Employer _____
	Work Phone # _____

Child's Pediatrician _____	Phone # _____
Does your child have any allergies? Yes No Unknown	Describe, if yes: _____
Emergency Contact Name (if parent/guardian unavailable)	1. Relationship to child _____
1. _____	Phone # _____
2. _____	2. Relationship to child _____
	Phone # _____

Name & DOB of Siblings (please asterisk* if s/he attended Covenant Cooperative Nursery School)	
Referred to CCNS by: _____	Home Church: _____

Monday- Friday Mixed-Age Class

M,T,W,TH, &F 8:30am - 12:00pm \$610.00 /mo

Extended Day Options

Check Option & Circle Ext. Day (Pricing added to base amount per mo.)

1 a week-\$82./mo. M T W TH F 4 a week-\$285/mo. M T W TH F

2 a week-\$160./mo. M T W TH F 5 a week-\$330/mo. M, T, W, TH, & F

3 a week-\$/227mo. M T W TH F

<u>Tuesday & Thursday Class for Threes</u> (Age 3 by 9/1/2024)	<u>M,W,F Class for Fours</u> (Age 4 by 9/1/2024)
<input type="checkbox"/> T/TH 8:30am - 12:00pm \$260.00/mo. <input type="checkbox"/> Extended Day 12:00pm – 2:30pm (mixed age) <input type="checkbox"/> Extended Day (Pricing added to base amount per mo.) <p align="center">Circle Ext. Day</p> <input type="checkbox"/> 1 a week-\$82./mo. T TH <input type="checkbox"/> 2 a week-\$160./mo. T & TH	<input type="checkbox"/> M, W, F 8:30am - 12:00pm \$365.00/mo. Extended Day 12:00pm – 2:30pm (mixed age) <input type="checkbox"/> Extended Day Options (Pricing added to base amount per mo.) <p align="center">Circle Ext. Day</p> <input type="checkbox"/> 1 a week-\$82./mo. M W F <input type="checkbox"/> 2 a week-\$160./mo. M W F <input type="checkbox"/> 3 a week-\$227./mo. M ,W, & F

Please return the Registration Form, this document, and a non-refundable \$100 registration fee to the CCNS office.

Single Extended Days that are not attended monthly, but signed-up for individually, will be charged at the rate of \$26 per day.

A 2% discount is applied to the tuition for families who pay in full by Sep 1.

All pricing is based on the full year’s tuition divided into ten equal installments for ease of payment. The payments are made Sept-June.

In the unlikely event that a child is withdrawn prior to the end of school, families agree to pay for the time the student has attended class, plus the remainder of the semester.

_____/_____
Parent Signature **Date**