



The Children's Nursery School  
Location: 159 State Street, Portland ME 04101  
Mailing Address: PO Box 8086, Portland ME 04104  
www.childrensnurserieschool.org  
facebook: @CNSPortlandME

## APPLICATION FOR ENROLLMENT

### APPLICANT INFORMATION

Child's Name: \_\_\_\_\_ Child's Nickname (if applicable): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Child's Preferred Pronouns:  she/her/hers  he/him/his  they/theirs  not listed here (please share): \_\_\_\_\_

Children must be three years old by October 15 in order to be eligible for attendance. Occasional exceptions may be made to meet full enrollment at the approval of the Board and the teachers; however, no student may attend who is under the age of 2.75.

Child's DOB: \_\_\_/\_\_\_/\_\_\_ School Year You Are Applying For: \_\_\_\_\_ Child's Age on October 15 of that School Year: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

\*Please circle the name of the adult whom we should contact regarding this application.

If child has more than two parents/guardians or an adult who has custodial responsibility, please provide the contact information required below on a separate page for the additional parents/guardians.

#### PARENT/GUARDIAN #1:

Name: \_\_\_\_\_ Lives with Child: yes no

Relationship to Child (please circle): Parent Guardian Foster Parent Stepparent Other (please specify): \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

#### PARENT/GUARDIAN #2:

Name: \_\_\_\_\_ Lives with Child: yes no

Relationship to Child (please circle): Parent Guardian Foster Parent Stepparent Other (please specify): \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

### TUITION OPTION

We have a limited number of spots for each tuition option, which can not be guaranteed. Please note that there is always a possibility that tuition may increase for subsequent school years, which is decided by the co-op every spring. Please indicate the tuition option in which you are interested:

- Option A: 4-Day Full Co-op Member - \$330/month (\$3,300/year, divided evenly over 10 months)
- Option B: 4-Day Partial Co-op Member - \$485/month (no Classroom Helper shifts) (\$4,850/year, divided evenly over 10 months)

Please note that application responses will be shared with the CNS Board as necessary to process enrollment.

**How did you hear about the Children’s Nursery School (“CNS”) and what interests you about us?**

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**What do you hope your child will gain from preschool?**

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**What previous group experience has your child had?**

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**Briefly describe your family including hobbies, interests, and talents you would enjoy contributing to CNS. We’d also love to know if you have any special photography, website making, accounting, legal, fundraising, or graphic design skills!**

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**CNS speaks English in the classroom, but we understand that English may be a family’s second language. Would it benefit you to read our application, handbook, or other forms in your native language? YES NO N/A**

**If yes, please let us know which language so we can help facilitate the translator process: \_\_\_\_\_**

**We ask that children be potty trained upon starting school. Is your child potty trained? YES NO IN PROGRESS**

**Please note any special circumstances/needs of the family or child that the teachers should be aware of (food/environmental allergies, medical/developmental issues, etc.).**

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**For those applying for Tuition Option A: Are there any physical limitations or other issues that may affect a parent/guardian’s role as helper in the classroom? If yes, please describe:**

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Thank you! Please mail this application and a non-refundable check for \$40 (\$25 for returning/alumni families) to: The Children’s Nursery School, P.O. Box 8086, Portland, Maine 04104. Our Enrollment Committee will get back to you to acknowledge receipt and discuss next steps. For more information about CNS, please visit our website at [www.childrensnurserieschool.org](http://www.childrensnurserieschool.org) or send us an email at [childrensnurserieschool@gmail.com](mailto:childrensnurserieschool@gmail.com).

CNS believes in an atmosphere of inclusion where all people’s rights are respected and does not discriminate against any people or group based on race, color, religion, age, sex, national origin, economic status, marital status, disability, sexual preference, or gender identity. We recognize that not all families are composed of two biological parents. CNS is open to those who are legally involved with the upbringing and education of a child, be they parents, partners, guardians, extended family members, etc.