



Saugatuck Nursery School
 Application for Enrollment
 2024-2025

Date Received: _____
 Check # _____
 Amount _____

Child's Name _____ Prefers to be called _____

Date of Birth _____ Gender: Male Female

Street Address _____

Town _____ State _____ Zip Code _____

Phone _____

Parent/Guardian _____ Occupation _____

Parent's Employer/Address _____

Work Phone _____ Cell Phone _____

Email _____

Parent/Guardian _____ Occupation _____

Parent's Employer/Address _____

Work Phone _____ Cell Phone _____

Email _____

Names and DOB of Siblings _____

Siblings currently enrolled at SNS Yes___ No___ Sibling Alumni Yes___ No___

Please select Preferred Program:

Age	Class	Program	Days	Hours		Tuition
2	Blue Room	2 Day 2's Program	T/TH	9-12pm	<input type="checkbox"/>	\$6,520.00
		3 Day 2's Program	M/W/F	9-12pm	<input type="checkbox"/>	\$9,188.00
		5 Day 2's Program	M-F	9-12pm	<input type="checkbox"/>	\$14,875.00
		2 Day 2's Program	T/TH	9-1:30pm	<input type="checkbox"/>	\$8,003.00
		3 Day 2's Program	M/W/F	9-1:30pm	<input type="checkbox"/>	\$11,412.00
		5 Day 2's Program	M-F	9-1:30pm	<input type="checkbox"/>	\$17,552.00
<i>Must be 2 by September 1st</i>						
3	Red Room	3 Day 3's Program	M/W/F	9-12pm	<input type="checkbox"/>	\$7,028.00
		5 Day 3's Program	M-F	9-12pm	<input type="checkbox"/>	\$10,295.00
		3 Day 3's Program	M/W/F	9-1:30pm	<input type="checkbox"/>	\$8,063.00
		5 Day 3's Program	M-F	9-1:30pm	<input type="checkbox"/>	\$12,519.00
<i>Must be 3 by September 1st</i>						
4	Purple Room	5 Day 4's Program	M-F	9-12pm	<input type="checkbox"/>	\$10,295.00
		5 Day 4's Program	M-F	9-1:30pm	<input type="checkbox"/>	\$12,519.00
<i>Must be 4 by September 1st</i>						
5	Green Room	5 Day 5's Program	M-F	9-1:30pm	<input type="checkbox"/>	\$12,519.00
		5 Day 5's Program	M-F	9-3pm	<input type="checkbox"/>	\$16,131.00
<i>Must be 5 by September 1st</i>						

With this application I am submitting a \$150 non-refundable Registration Fee, one month's tuition and a signed and dated Enrollment Terms and Conditions Document.

Parent/Guardian Signature _____

Printed Name _____ Date _____