



play & grow nursery school

Thank you for your interest in Curiosity Corner Nursery School. We are delighted you are considering our program for your child! Please visit our website for more information about our program at [www.ccnstosa.com](http://www.ccnstosa.com)

We will be accepting applications for enrollment on **Wednesday, January 25, 2023**. If you are interested in joining us next fall, please send a **non-refundable** \$100.00 deposit (that will be applied to tuition) and the Application Form included with this letter. You will receive written confirmation of acceptance soon after. More information about the beginning of the school year will be sent out in early August.

The tuition rates for 2023-24 are as follows:

**2 days per week \$1,575.00** (M/W 9-11:30 am, or T/Th 9-11:30am)\*

**3 days per week \$2,310.00** (any of the above times PLUS Fri. 9-11:30 am)\*

If the Friday class has availability, you will be able to add an extra day on a drop in basis at \$30.00 per class.

If you would like to tour the school, make an appointment with the Administrator. Contact information is given below.

Thank you again for your interest in Curiosity Corner Nursery School. We encourage you to visit our web site for more information OR contact us with any questions. If there is anything we can do to help you make this important decision, please let us know.

Sincerely,  
Dana Biasi  
CCNS Administrator  
414 774 5005 x108  
[admin@ccnstosa.com](mailto:admin@ccnstosa.com)

\*class times subject to change due to COVID-19 protocols

*Curiosity Corner Nursery School*

*2366 N. 80 Street*

*Wauwatosa, WI 53213*

# Curiosity Corner Nursery School

Wauwatosa Presbyterian Church

2366 N. 80<sup>th</sup> Street

Wauwatosa, WI 53213

Office Use Only

Date Rec'd \_\_\_\_\_

Check # / Cash \_\_\_\_\_

M/W \_\_\_\_\_ T/Th \_\_\_\_\_

Friday \_\_\_\_\_

## APPLICATION FOR ENROLLMENT

Child's Name		Birth Date / /	Age as of 9/1/23
Application Date	First Date of Attendance Wed. 9/06/23 or Thurs. 9/07/23	Number of Classes/Week 2 or 3	Sex

1. Parent or Guardian with whom child resides:

Parent 1 Name \_\_\_\_\_

Parent 2 Name \_\_\_\_\_

Address \_\_\_\_\_ Does child reside at this address? Y/N

City \_\_\_\_\_, WI Zip \_\_\_\_\_

Cell phone where reachable while child is at school \_\_\_\_\_

Email address where reachable while child is at school

(print) \_\_\_\_\_

2. Where parent or guardian can be reached when child is at school (please include complete address and phone number):

Mother (address) \_\_\_\_\_ Telephone \_\_\_\_\_

Father (address) \_\_\_\_\_ Telephone \_\_\_\_\_

3. Person to be notified in case of emergency when parents cannot be reached (please include complete address and phone number):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

4. Name of child's physician or medical facility (please include complete address and phone number):

Name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

5. Persons authorized to call for my child (must have at least one other than parents. Please include complete address and phone number):

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

6. I hereby agree to the following terms:

- a. I want to enroll my child: \_\_\_\_\_ (Mon-Wed) \_\_\_\_\_ (Fri) class  
\_\_\_\_\_ (Tue - Thu) \_\_\_\_\_ (Fri) class.

- b. Attached herewith is a \$100.00 deposit to be applied to the total fee.

The balance of the fee payment \$ \_\_\_\_\_ is to be received within two (2) weeks of the first date of attendance.

\_\_\_\_\_ I want to make different payment arrangements (to be explained at Parent Orientation)

- c. In case of emergency, as determined by the staff, I give permission for CCNS to utilize the City of Wauwatosa Paramedic Squad or other ambulance service for my child for emergency medical treatment or care.
- d. I give permission for my child to be taken on sponsored walking field trips during the school year.
- e. I give permission for my name, address and phone number to be released on a school roster, available to the families of CCNS.
- f. Animals are not kept as pets at CCNS. If an animal/pet is to be brought in, I will be informed.

\_\_\_\_\_  
Parent/Guardian signature/date