

MGNS

Monona Grove Nursery School
4200 Buckeye Rd.
Madison, WI 53716

608-222-4633
www.mgns.org
info@mgns.org

Application for Admission '09-10

Please complete this application and return with a **\$50.00** non-refundable registration fee

Date _____ Student Status: New Returning Alumni

Student's Name _____ Male Female

Name to be used at School _____ Date of Birth _____

Address _____ Home Phone _____

City _____ State _____ Zip _____

How did you **first** hear about MGNS? _____

Parent Information:

Name _____ Email _____

Address _____

Phone _____ Cell _____ Work _____ Occupation _____

Name _____ Email _____

Address _____

Phone _____ Cell _____ Work _____ Occupation _____

Other Children in the Family _____ Age _____

_____ Age _____

Does your child have any allergies or special needs? Please describe:

Class Preferences

We will try to honor your first choice.

Mornings 8:45 to 11:45	Afternoons 12:45 to 3:45
<input type="checkbox"/> 3 ½ to 5 year-olds: Monday, Tuesday, Wednesday	<input type="checkbox"/> 3 to 5 year olds: Monday, Tuesday, Wednesday
<input type="checkbox"/> 4 to 5 year-olds: Monday, Tuesday, Wednesday	<input type="checkbox"/> 3 ½ to 5 year olds: Thursday and Friday
<input type="checkbox"/> 3 & 4 year-olds: Thursday & Friday	

If age eligible, you may enroll your child in multiple programs. Call 222-4633 #2 for details.

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Please read.

In signing this application I understand:

1. That my child is 3, 3 ½, or 4 years old by September 1.
2. That my child is toilet trained prior to starting school.
3. That Monona Grove Nursery School is a cooperative venture and I must be prepared to assist in the classroom 2 or 3 days per semester as well as with other projects. Full participation is appreciated and expected in order that my child may fully benefit from the program.
4. That MGNS will try to honor, *but will not guarantee my first choice of class or teacher preference.*
5. That I will pay all required fees and tuition when due according to the payment schedule.
6. That I will complete and submit all required school and State forms when due.

Registration includes a free MGNS t-shirt. Circle size and color. **XS 2-4 S 6-8 M 10-12 L 14-16**

Pink, Red, Orange, Gold, Forest Green, Navy Blue, Royal Blue, Purple, Black
[T-shirt will be given out at the All School Parent Meeting]

Please provide any information you think would be useful to us in determining your child's classroom placement (e.g. other children, interests, kindergarten attending, etc)

Can we release your name & phone number to other parents prior to the start of the school? **Yes No**

Signature of parent or guardian _____ **Date** _____

Please complete this application and return with a **\$50.00 non-refundable registration fee**.
Make checks payable to: **Monona Grove Nursery School**

Return this form and fee to: Monona Grove Nursery School
Attn: Registration
P. O. Box 6483
Madison, WI 53716

WE RESERVE THE RIGHT TO CANCEL A CLASS OR ADJUST AGE FOR INSUFFICIENT ENROLLMENT

In accordance with Federal law and the U.S. Department of Agriculture policy, this institution does not discriminate on the basis of race, color, national origin, sex, age, or disability.
To file a complaint of discrimination, write to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY).

Office Only: Application Received: _____ Check #: _____ Class Assignment _____