



**A Family Centered Preschool**  
 185 Sheldon Street Kensington, CT 06037  
 T: 860.828.7412  
 Web: [WWW.KENSINGTONNURSERY SCHOOL.ORG](http://WWW.KENSINGTONNURSERY SCHOOL.ORG)  
 E-Mail: [KNSTREASURY@OUTLOOK.COM](mailto:KNSTREASURY@OUTLOOK.COM)

<p><b><u>SCHOOL USE ONLY:</u></b></p> <p>Date Rec'd _____</p> <p>Paid \$ _____ Cash/Check # _____</p> <p style="text-align: center;"><b><u>ADMISSION AND ELIGIBILITY PRIORITY</u></b></p> <p>Pre-registration / Incoming Reg.</p> <p>KCC Member / Past President</p> <p>Currently Enrolled Sibling</p> <p>Alumni</p>	<p style="text-align: center;"><b><u>PLACEMENT</u></b></p> <p><input type="checkbox"/> PK3 (2-DAY)  <input type="checkbox"/> PK3 (3-Day)  <input type="checkbox"/> PK 4/5</p> <p style="text-align: center;"><b><u>WAITLIST</u></b></p> <p><input type="checkbox"/> PK3 (2-DAY)  <input type="checkbox"/> PK3 (3-Day)  <input type="checkbox"/> PK4/5</p>
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## KNS APPLICATION FOR REGISTRATION -- SEPTEMBER 2024

### PART A – PERSONAL INFORMATION

Child's Name: \_\_\_\_\_  
LAST MIDDLE FIRST

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Child is called: \_\_\_\_\_  
MONTH DAY YEAR

Parent's Names: \_\_\_\_\_  
PARENT #1 PARENT #2

Home Phone #: \_\_\_\_\_

Parent #1 Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent #1 Employer & Address: \_\_\_\_\_

Parent #1 E-Mail\*: \_\_\_\_\_

Parent #2 Daytime Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent #2 Employer & Address: \_\_\_\_\_

Parent #2 E-Mail\*: \_\_\_\_\_

\*IN AN EFFORT TO COMMUNICATE MORE EFFECTIVELY, WE MAY SEND E-MAIL COMMUNICATIONS TO KEEP PARENTS UPDATED OR AS REMINDERS. WE UNDERSTAND THAT PAPERS SENT HOME VIA THE SCHOOL MAILBOXES SOMETIMES GET LOST. PLEASE REMEMBER TO CHECK YOUR E-MAIL FOR THESE UPDATES.

How did you hear about KNS? \_\_\_\_\_

Sibling's Name/Age: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## PART B – SESSION SELECTION

Acceptance to the school and placement in classes are done according to a lottery process. Please place an “x” next to program in which you are interested.

<b>Pre-K 3</b> Program*	Tuesday / Thursday _____
<b>Pre-K 3</b> 3- Day Program**	Tuesday/Wednesday/Thursday _____ <b>**LIMITED ENROLLMENT**</b>
<b>Pre-K 4/5</b> Program***	Monday/Wednesday/Friday _____

**\*MUST BE 3 YEARS OLD BY 9/1 OF THE OPERATING YEAR FOR THE PRE-K 3 PROGRAM.**  
**\*\*MUST BE 4 YEARS OLD BY 9/1 OF THE OPERATING YEAR FOR THE PRE-K 4/5 PROGRAM.**

**Please note:** All children must be toilet trained before the start of the school year or they will not be eligible for admission. Admissions and class placement are determined by a lottery. The school is open to any child, regardless of race or creed.

## PART C – ADMISSION AND ELIGIBILITY PRIORITIZATION

**Please check all that apply:**

- Yes, I am a member of the Kensington Congregational Church.
- Yes, I was or currently am president of Kensington Nursery Schools’ Parent Association Board.  
*If yes, please indicate the year(s) \_\_\_\_\_*
- Yes, the child I am enrolling has siblings who are currently enrolled at Kensington Nursery School  
*If yes, please indicate the year(s): \_\_\_\_\_*
- Yes, I have other children who have attended Kensington Nursery School.  
*If yes, please indicate each child’s name: \_\_\_\_\_*

\* PRE-REGISTRATION APPLICATIONS FOR CURRENTLY ENROLLED CHILDREN ARE DUE BACK BY **JANUARY 4<sup>TH</sup>**. GENERAL APPLICATIONS ARE DUE BACK BY **FEBRUARY 2<sup>ND</sup>**. APPLICATIONS RECEIVED AFTER **FEBRUARY 2<sup>ND</sup>** ARE SUBJECT TO CLASS AVAILABILITY. **NOTICE OF ENROLLMENT STATUS WILL NOT BE SENT OUT UNTIL AFTER FEBRUARY 2<sup>ND</sup>**.

## REGISTRATION FEE & AGREEMENT:

**REGISTRATION FEE TO BE INCLUDED WITH APPLICATION:**

- \$75 for \*new\* applicants
- \$50 for returning & alumni families

If the application is accepted, I agree to abide by the By-Laws of The Kensington Nursery School. I understand that the **Registration fee is NON-REFUNDABLE.**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_