



Date Rec  
Chk # Amt  
Approval:  
Placement:

## Application for School Year 2012/2013

Current Student          Alum          New Student  
4's      3's (M/W/F or T/TH)      2'S (M/W/F or /T/TH)

Childs Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Other Children (Names and Ages) \_\_\_\_\_

Have you/or anyone in your family had any previous association with CNS? If yes when?

How did you hear about CNS?

As a Parent please list any special skills, interest or hobbies that may help the program.

Please list any conditions that may interfere with your family's responsibilities and participation in the school.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Three's and Four's programs are approved by the Maryland State Department of Education. The Two's Program is licensed by the MSDE Office of Childcare. CNS does not discriminate on the basis of race, religion, color, natural origin, gender or sexual orientation regarding the admission of students and parents.

*A non-refundable registration free of \$75 must accompany this application.*