

CIRCLE NURSERY SCHOOL
Registration Form 2024/2025
1271 Durham Road Madison, CT
(203) 421-0997
circlenursery@sbcglobal.net



Child's Name _____
Last First Middle

Nickname _____ D.O.B. _____

Child's Address _____

Names & Ages of Siblings _____

Parent Name _____ Parent Name _____

Cell# _____ Cell# _____

Address _____ Address _____

Employer _____ Employer _____

Employer Address _____ Employer Address _____

Employer Phone _____ Employer Phone _____

Marital Status of Parents: ___ Single ___ Married ___ Living Together ___ Separated ___ Divorced

If Divorced, who is the Custodial Parent? _____

Please provide us with an **email address** that is checked frequently~ it is our primary form of communication. _____

ALLERGIES? YES NO If yes, please explain in detail: _____

What language does your child primarily speak at home? _____

Are you interested in serving on the Circle Nursery School Board: YES NO

Parent's or Guardian's Signature _____ Date _____

Director's Signature _____ Date _____ Start Date _____

