

CIRCLE NURSERY SCHOOL  
Registration Form 2026/2027  
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 \_\_\_\_\_

