

Phone: (401) 433-3196, Fax: (401) 433-0065

www.ccnsri.org

ccns@eccriverside.org



Thank you for your interest in the Covenant Cooperative Nursery School. CCNS is a faith-based preschool ministry of the Riverside Covenant Church of Riverside, Rhode Island. Founded in 1972 and licensed by the RI Department of Human Services, the preschool follows a curriculum content aligned with the RI Early Learning & Development Standards. Healthy growth and development is encouraged in all learning domains: Physical Health and Motor Development, Social and Emotional Development, Language Development, Literacy, Cognitive Development, Mathematics, Science, Social Studies and Creative Arts. In addition, CCNS includes a spiritual domain, seeking to nurture a child's developing awareness of God and his/her relationship with Him. God is presented as our loving heavenly Father, creator of all, and Jesus as God's Son, our Savior and personal friend. Bible stories, prayer and songs of praise are included in our program throughout the school year.

Children who are four years old by September 1st are eligible to enroll in the four-year-old program, which meets for three days a week. Children must be toilet-ready. The class maximum is fifteen children with two staff members. The three-day class is held on Monday/Wednesday/Friday from 8:30am-12:00pm. A combined-age Extended Day option is available from 12:00pm to 2:30pm on MWF.

Children who are three years old by September 1st are eligible to enroll in the three-year-old program, which meets for either two days or three days a week: children must be toilet-ready. Each class maximum is twelve students with two staff members. The two-day class is held on Tuesday/Thursday from 8:30am-12:00pm. The three-day class is held on Monday/Wednesday/Friday from 8:30am-12:00pm; a combined-age Extended Day option is available from 12:00pm to 2:30pm on MWF.

To request more information and/or to schedule a visit, please contact the CCNS office at (401) 433-3196 or ccns@eccriverside.org. Priority enrollment for current families is held during the first two weeks of January; open enrollment begins the third week of January. Early registration is advised.





Morning Schedule (subject to variations)

| 8:30-9:00 | Arrival/Sign-In/Outdoor or Gymnasium Play (flexible drop-off window) | |
|-------------|--|--|
| 9:00-9:20 | Classroom Welcome/Circle Time/Story or Bible | |
| 9:20-10:40 | Centers/Activities/Clean Up | |
| 10:40-11:00 | Story or Bible//Music & Movement | |
| 11:00-11:30 | Bathroom Break/Lunch | |
| 11:30-11:50 | Outdoor or Gymnasium Play | |
| 11:50-12:00 | Prayers/Goodbyes/Dismissal/Sign-Out | |
| | | |
| | Afternoon Schedule (subject to variations) | |
| 12:00-12:30 | Rest Time/Story or Music | |
| 12:30-1:45 | Centers/Activities/Clean-Up | |
| 1:45-2:00 | Story/Bible/Music & Movement (Teacher/Student Choice) | |
| 2:00-2:20 | Outdoor or Gymnasium Play | |

2:20-2:30 Prayers/Goodbyes/Dismissal/Sign-Out



CCNS Registration Form, 2023-2024

| Registration Date | Office Use Only: Reg. Fee Medical Forms Confirmation | | |
|--|--|--|--|
| Child's Name | DOB Gender | | |
| Address(street) (town/state) | (zip) | | |
| | | | |
| Parent/Guardian Name | Email Address: | | |
| Address (if different than above) | Cell Phone # | | |
| | Home Phone # | | |
| Relationship to Child: Father Mother Foster Parent Step=Parent | Employer | | |
| | Work Phone # | | |
| Parent/Guardian Name | Email Address: | | |
| Address (if different than above) | Cell Phone # | | |
| | Home Phone # | | |
| Relationship to Child: Father Mother Foster Parent Step=Parent | Employer | | |
| | Work Phone # | | |
| Child's Pediatrician | Phone # | | |
| Cinu s i culatrician | Phone # | | |
| Does your child have any allergies? Yes No Unknown | Describe, if yes: | | |
| Emergency Contact Name (if parent/guardian unavailable) | 1. Relationship to child | | |
| 1 | Phone # | | |
| 2 | 2. Relationship to child | | |
| | Phone # | | |
| Name & DOB of Siblings (please asterisk* if s/he attended Covenant Cooperative Nursery School) | | | |
| Referred to CCNS by: | Home Church: | | |



Families have flexibility and choice in our preschool program options.

Annual tuition rates listed below are for the current school year.

Please speak to the CCNS director regarding any questions regarding tuition payments, particularly for the early withdrawal tuition policy.

Please indicate your class of interest from these program choices:

| Four-Year-Old Class | Three-Year-Old Classes |
|--|--|
| (Age 4 by 9/1/2023) | (Age 3 by 9/1/2023) |
| □ MWF 8:30am - 12:00pm (3 days) | ☐ T/Th 8:30am - 12:00pm (2 days) |
| Program Base Rate: \$350/month - September to June | Program Base Rate: \$250/month - September to June |
| | ☐ MWF 8:30am - 12:00pm (3 days) |
| | Program Base Rate: \$350/month - September to June |
| Combined-Age Extended Day Option for MWF | Combined-Age Extended Day Option for MWF |
| (12:00pm - 2:30pm) | (12:00pm - 2:30pm) |
| 1 afternoon/week-\$80/month | 1 afternoon/week-\$80/month |
| 2 afternoons/week-\$155/month | 2 afternoons/week-\$155/month |
| 3 afternoons/week-\$220/month | 3 afternoons/week-\$220/month |
| Please notate choice of Extended Day(s) | Please notate choice of Extended Day(s) |
| if known at this time | if known at this time |
| ij known at this time | |
| Monday Wednesday Friday | Monday Wednesday Friday |
| | |
| A non-refundable \$100 registration fee is | s required with the registration form. |
| Families who choose to pay the entire annual t | fee in September will receive a 2% discount. |
| | / |
| Parent Signature | Date |
| | |