 **165 Rounds Avenue**

**Riverside, Rhode Island 02915**

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

[**www.ccnsri.org**](http://www.covenantnurseryschoolri.com)

[**ccns@eccriverside.org**](mailto:ccns@eccriverside.org)

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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 three years old by September 1st are eligible to enter the three-day or two-day program for three-year-olds; children must be toilet-ready. Classes are limited to twelve children. The three-day program is held on Monday/Wednesday/Friday or Tuesday/Wednesday/Thursday and the two-day program is held on Monday/Friday or Tuesday/Thursday. All classes meet from 8:30am to 12:00pm with an Extended Day option available from 12:00pm to 2:30pm.

Children who are four years old by September 1st are eligible to enter the five-day, four-day or three-day program for four-year-olds; children must be toilet-ready. Classes are limited to fifteen children. The five-day program is held Monday through Friday, the four-day program is held on Monday/Wednesday/Friday plus Tuesday or Thursday and the three-day program is held on Monday/Wednesday/Friday. All classes meet from 8:30am to 12:00pm with an Extended Day option available from 12:00pm to 2:30pm.

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.

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**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 or Bible/Music & Movement (Teacher or Student Choice)

2:00-2:20 Outdoor or Gymnasium Play

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

**CCNS Registration Form, 2022-2023**

**Registration Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Use Only: Reg. Fee \_\_\_\_\_\_\_ Medical Forms\_\_\_\_\_\_ Confirmation\_\_\_\_\_\_**

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| **Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender\_\_\_\_\_\_\_\_**  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (street) (town/state) (zip) |

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| --- | --- |
| **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 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| --- | --- |
| **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 # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Child’s Pediatrician**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Does your child have any allergies?** Yes No Unknown | **Describe, if yes:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Emergency Contact Name (if parent/guardian unavailable)**  **1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **1. Relationship to child** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **2. Relationship to child \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Phone #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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:**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **THREE-YEAR-OLDS**  **3 Years by 9/1 ☐ MWF 8:30am - 12:00pm (3 days)**  Program Base Rate: $335/month - September to June Each Weekly Extended Day Chosen: Additional $70/month  **3 Years by 9/1 ☐ TWTh 8:30am - 12:00pm (3 days)**  Program Base Rate: $335/month - September to June Each Weekly Extended Day Chosen: Additional $70/month  **3 Years by 9/1 ☐ M/F 8:30am - 12:00pm (2 days)**  Program Base Rate: $280/month - September to June  Each Weekly Extended Day Chosen: Additional $70/month  **3 Years by 9/1 ☐ T/Th 8:30am - 12:00pm (2 days)**  Program Base Rate: $280/month - September to June  Each Weekly Extended Day Chosen: Additional $70/month  **Extended Day Option (12:00pm - 2:30pm)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | | **FOUR-YEAR-OLDS**  **4 Years by 9/1 ☐ M-F 8:30am - 12:00pm (5 days)**  Program Base Rate: $910/month - September to June  Each Weekly Extended Day Chosen: Additional $70/month  **4 Years by 9/1 ☐ MWF+1 8:30am - 12:00pm (4 days)**  Program Base Rate: $445/month - September to June  Each Weekly Extended Day Chosen: Additional $70/month  (add one extra morning, T or Th)  **4 Years by 9/1 ☐ MWF 8:30am - 12:00pm (3 days)**  Program Base Rate: $335/month - September to June  Each Weekly Extended Day Chosen: Additional $70/month  **Extended Day Option (12:00pm - 2:30pm)**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | |

***In addition to the annual tuition fee, a non-refundable***

***$100 registration fee is required with the registration form.***

Families who choose to pay the entire annual fee in September

or by the semester in September and January will receive a 2% discount.

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**Parent Signature**  **Date**

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