

Date processed by UCNS _____

APPLICATION FORM

Semester Applied for:
Fall 200__

IN ORDER FOR RETURNING AND ALUMNI FAMILIES TO RECEIVE PRIORITY STATUS FOR THE FALL, APPLICATIONS MUST BE RETURNED UP UNTIL JANUARY 15. ALL OTHER APPLICATIONS FOR THE FALL SEMESTER WILL BE PROCESSED AFTER FEBRUARY 1.

UCNS, Inc.
59 Dart Drive
Ithaca, NY 14850
607-266-9680

Child's Name: _____ Name Child Goes By: _____
Birthdate: _____ Sex of Child: M _____ F _____

Child's Ithaca Area Address: _____
Telephone: _____
E-mail: _____
Permanent Home Address: _____

Parent/Guardian: _____
Work Address/Dept.: _____
Work Phone/E-mail: _____

Parent/Guardian: _____
Work Address/Dept.: _____
Work Phone/E-mail: _____

Other Parent/Guardian: _____
Work Address/Dept.: _____
Work Phone/E-mail: _____

Parent/Guardian's Affiliation with Cornell (if any):
(Please indicate M=mother, F=father, G=other parent/guardian)
Undergraduate student: _____ Post-Doc: _____ Staff: _____ Faculty: _____
Graduate Student: _____ Alumni: _____ No Affiliation: _____

Child's Native Country and Language: _____
Does your child understand English? _____ Speak English? _____

Have any of your child's siblings attended UCNS? _____
If yes, attendee's name and year(s) of attendance: _____

Our tuition is charged on a sliding scale based on your family's total annual income from all sources before taxes. Please place a check mark next to your income level:
\$25,000 or less _____ \$25,001-\$40,000 _____ \$40,001-\$55,000 _____ \$55,001-\$70,000 _____
\$70,001-\$85,000 _____ \$85,001-\$100,000 _____ \$100,000 or more _____

(SEE BACK)

How did you learn about UCNS? _____

A child should be at least 3 years old by October 1 and preferably toilet trained in order to attend. If enrollment allows, consideration may be given to a child who turns 3 by December 1st at the discretion of the teachers and Board.

Please indicate your preference (1=first choice, 2=second choice, 3=third choice)

MORNINGS

8:45 -11:45 a.m. 5 days (M-F) _____ 3 days (MWF) _____ 2 days (TTh) _____

If the session of your choice is filled, do you want to be placed on the waiting list? Yes _____ No _____

If you have not applied to this nursery school before for this child, please include proof of child's birthdate with this application (copy of your child's birth certificate or passport).

For new and returning families an annual \$25 non-refundable enrollment fee is required along with this application. This fee covers administrative expenses. For families asking to be placed on the school's waiting list, a \$25 non-refundable application fee is required along with this application. If the Registrar makes an offer of enrollment for your child, you must return the Cooperative Agreement and Tuition Contract within 2 weeks of the offer in order to reserve a spot for your child.

IMPORTANT: For your child to begin school, your child's US licensed physician must fill out and send to us the physical exam form that we provide. A copy of your child's immunization record is also required for attendance.

Please return this form to

Registrar
UCNS, Inc.
59 Dart Drive
Ithaca, NY 14850

THANK YOU FOR YOUR INTEREST IN OUR NURSERY SCHOOL!

Parent's/Guardian's Signature: _____ Date: _____