**Fall/Summer 2025-2026 Contract/Application Form**

Trinity Nursery School

20 N. Shore Road PO Box 872 Marmora, NJ 08223

Website: www.trinitynurseryumc.org Email: trinitywebpage@trinitynurseryumc.org

Phone: 609-390-0974 Fax: 609-938-2359

Trinity Nursery School is open 7:30-5:00. Please register your child for specific days and hours, the days your child is registered for are the contracted days you will pay whether the child attends or not. Submit one form per child per session. Return with your registration fee $50 per child for Fall/summer 2025-2026 and we will date in order received. ***There is a minimum of two days required to register.***

**Child’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_as of 9/30/2025\_\_\_\_\_\_\_\_\_\_\_\_sex\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parents or Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_**

**Summer 2025**

**June 30th through August 22nd**

**MON: FROM\_\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_\_**

**TUES: FROM\_\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_\_**

**WED: FROM\_\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_\_**

**THURS: FROM\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_**

**FRI: FROM\_\_\_\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_**

**Fall Sept. 2025-June 2026**

**Check here if days/times same as summer:**

**MON: FROM\_\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_\_**

**TUES: FROM\_\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_\_**

**WED: FROM\_\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_\_**

**THURS: FROM\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_**

**FRI: FROM\_\_\_\_\_\_\_\_\_\_\_\_UNTIL\_\_\_\_\_\_\_\_**

The contracted days/times will be your required monthly tuition payment rate unless a change is approved (all schedule changes require a newly completed contract application form). Please sign below to acknowledge.

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_**

**(Do not write below this line; for office use only)**

Monthly Tuition: Summer:\_\_\_\_\_\_\_\_\_\_\_\_\_ Fall:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reg. Fee: Ck#\_\_\_\_\_\_\_\_ Cash Credit BW Paid Date:\_\_\_\_\_\_\_\_\_\_\_

Classroom level and teacher’s names: Summer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fall: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_