

FRAMINGHAM CENTRE NURSERY SCHOOL
 24 Vernon Street, Framingham, MA 01701
 508-875-8260

ENROLLMENT APPLICATION

Name of child _____ Birth Date _____ Gender _____

Address (including zip) _____

Phone _____ Entering at ___ years ___ months FCNS Sibling ___ Member First Parish ___

1) Parent/Guardian name _____ Occupation _____

Home Address _____

Business Address _____

Home Phone _____ Business Phone _____

2) Parent/Guardian name _____ Occupation _____

Home Address _____

Business Address _____

Home Phone _____ Business Phone _____

3) Email Parent/Guardian 1) _____ 2) _____

Siblings and their birthdate(s). Please include date of expected sibling(s) -

Local relative or friend who may be called in an emergency -

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Child's Physician _____ Phone _____

I understand that every effort will be made by Framingham Centre Nursery School to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize FCNS to transport my child to the nearest hospital and to secure the necessary medical treatment.

I am aware that the staff members of the nursery school are trained in First Aid and CPR and I authorize them to give basic, routine first aid attention when it is appropriate to do so.

Please enroll my child for the school year 20__ - 20__ , September - June:

A.M. Session (9 - 11:45)	P.M. Session (12:15 - 3)	Stay Day (11:45 - 2:45)	Extended Day (until 5:30)
2 days (TTh) ___	2 days (TTh) ___	1 day ___	1 day ___
3 days (MWF) ___	3 days (MWF) ___	2 days ___	2 days ___
5 days (M-F) ___	5 days (M-F) ___	3 days ___	3 days ___
		4 days ___	4 days ___
		5 days ___	5 days ___

Please circle the specific days that you want your child to attend Stay Day and/or Extended Day:

Monday Tuesday Wednesday Thursday Friday

Previous child care or play group experiences if applicable:

Type of program _____ Dates _____

_____ Dates _____

A child with special needs may be eligible for special assistance. If you feel your child has such needs, please inform us of them on this application or come in to talk with us about your concerns. Doing so will assist in proper placement and program planning.

(continued on other side)

Should there be any limitations put on the child's participation in our school program? Yes___ No___

If yes, please explain. _____

Your child's past illnesses, including communicable diseases, if any. _____

Are there any special conditions or needs about which the school should be aware (asthma; allergies; hearing; speech; etc.) _____

Please give a brief description of your child as you see him/her. Include any information that you feel will help the teachers to better understand and work with your child (recent moves, serious losses, fears, dislikes, favorite toys, behavioral characteristics, typical responses to new situations, toileting habits, words, etc.).

Describe your child's attributes briefly for identification purposes (height, weight, color of hair, color of eyes and any identifying marks).

Each child's school experience will be somewhat different. What do you hope that your child will gain from this year in nursery school?

Should the school feel it desirable to obtain information about my child's developmental needs through the use of observations or evaluations by specialists, I give my permission with prior knowledge and consultation with the staff.

Framingham Centre Nursery School will not discriminate on the basis of race, gender, age, religion, cultural heritage, national origin, political beliefs, marital status, sexual orientation, or disability. This policy will apply to admission, tuition and employment practices. Every child will be granted equal rights, privileges and opportunities to participate in all activities. Our enrollment procedure is consistent with the Americans with Disabilities Act.

I understand that occasionally pictures are taken of the children that may appear in a brochure, newspaper or the nursery school website. I further understand that classroom observations may be made on occasion by selected educators or college students.

I give my permission for my family's contact information to appear in a school directory intended for use by FCNS families.

Enclosed please find my **non-refundable** registration fee of \$100.00 _____

Parent Signature _____

Date _____