

Date Form Rec'd _____ (School use only)

MAPLE STREET CHURCH NURSERY SCHOOL REGISTRATION FORM

Child's Name: _____

Sex: (circle one) Male / Female Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone _____

Email Address _____

Parent / Guardian Name: _____

Work: _____

Work Phone: _____

Parent/ Guardian Name: _____

Work: _____

Work Phone: _____

Has your child attended any other school? Y / N If Yes, Where?

Other children in family? _____

We learned about Maple Street Nursery School from:

Circle Program:

Nursery Program (T/TH 9am – 11:30am)

3 Day Pre-K Program (M/W/F 9am – 12pm)

5 Day Pre-K Program (M-F 9am – 12pm)

****a non-refundable deposit of \$100.00 must accompany this registration form****

Signed: _____ Date: _____

Please make check payable to Maple Street Church Nursery School and mail along with this form to

Lynne Hathaway 90 Maple Street, Danvers, MA 01923