



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:**

**2 Day Nursery Program**

**3 Day Pre-K Program**

**4 day Pre-K Program**

**5 Day Pre-K Program**

**Pre-k Lunch Bunch Days / extended hour (circle days needed)**

**M T W TH F**

**\*\*a non-refundable registration fee 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**