



ST. PETER'S NURSERY SCHOOL
 PO Box 437
 Osterville, MA 02655
 (508)428-8857

OFFICE USE ONLY

Year: _____

Fee: _____

Start date: _____

APPLICATION FORM

Please return this form with a \$25.00 non-refundable application fee.

CHILD'S NAME: _____ NICKNAME: _____ BIRTHDATE: _____

COMPLETE MAILING ADDRESS: _____

HOME PHONE: _____

E-MAIL ADDRESS: _____

CELL PHONE: _____

PARENT/GUARDIAN'S NAME: _____

WORK PHONE: _____

PARENT/GUARDIAN'S NAME: _____

WORK PHONE: _____

IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED, CALL:

_____ PHONE: _____

_____ PHONE: _____

MEDICAL CONCERNS (ALLERGIES, MEDICATIONS, DISABILITIES, ETC.):

PEDIATRICIAN: _____ PHONE: _____

DENTIST: _____ PHONE: _____

SIBLINGS AND THEIR BIRTHDATES:

PLEASE SELECT THE GROUP YOU ARE APPLYING FOR *by checking the appropriate space:*

Pre-K (4-5 year-old):

(Large Classroom)

M-W-F

M-T-W-TH-F

Extended day M/W

3-4 year old:

(Large Classroom)

T-TH

2.5-4 year old:

(Small Classroom)

Check the days you prefer:

M and/or

W and/or

F

2-3 year old:

(Small Classroom)

T-TH

Parents participation is valuable to their child's preschool experience; driving for field trips, fundraising events, board membership, adult education, substitute teaching, and/or classroom maintenance. If you would like to help, please let us know where your interests/skills lie.

I UNDERSTAND AND AGREE TO THE FOLLOWING:

I will fulfill my financial obligations and pay tuition fees promptly.

I will give a two-week written notice, if my child withdraws from the program before the end of the year.

I will have a copy of my child's health records on file with the school by the first day.

In the event of illness or accident, when the parents cannot be readily contacted, I authorize the calling in of a physician and/or the providing of necessary medical services at my expense.

I will not hold the teachers, the staff, classroom volunteers, or St. Peter's Episcopal Church responsible for any accident or injuries.

I give permission for my child to participate in field trips which may be organized and sponsored by St. Peter's Nursery School, including walks throughout the neighborhood. I understand that prior notice will be given and permission necessary before any trips involving automobile transportation.

SIGNATURE: _____ DATE: _____