

UPPER FALLS NURSERY SCHOOL

PO BOX 255 45 PETTEE ST
NEWTON, MA 02464
617-332-6488

ENROLLMENT APPLICATION for the School Year

CHILD'S FULL NAME [last,first,middle] Nickname?

Date of Birth Place of Birth Primary Language spoken at home

Total number of days [8:45a.m.-11:45a.m.]\* Flexible? Any 3 or 4 days?

\*For a 3 day choice, 3 consecutive days is NOT available.

CIRCLE YOUR CHOICE OF DAYS: 1st choice: M T W T F 2nd choice: M T W T F 3rd choice: M T W T F

Will you also need placement in the Lunch Bunch Program? [choice of Mon, Tues, Wed,&/or Thurs. until 1:15pm].

Will you need placement at this school additional years for this child and/or a sibling?

Will you need a resource for financial aid? Referred to UFNS by

Parent/Guardian Name Parent/Guardian Name

Home Address Home Address

City/State/Zip City/Sate/Zip

Home Phone # Home Phone #

Occupation Occupation

Work Address Work Address

Days/Hours at work Days/Hours at Work

Wk. Phone # Work Phone

Cellular Phone# Cellular Phone#

Beeper # Beeper #

E-mail Address E-mail address

Primary person who will bring & pick up your child at UFNS

Other siblings (name & date of birth) Relatives who have attended UFNS [name/relationship]

1] / 1] /

2] / 2] /

3] / 3] /

4] / 4] /

IDENTIFYING INFORMATION [required by the Massachusetts Department of Early Education & Care]

Eye color Hair color Sex Race

Height Weight Identifying Marks

Child' Previous Nursery School Experience

PARENT(S) SIGNATURE DATE

For Office Use Only

Date of Admission \$40 nonrefundable APPLICATION FEE

Age at Admission \$500 nonrefundable DEPOSIT due upon acceptance