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**ABC Nursery School**

15 Princeton Street

North Chelmsford, MA

Email: [abcnursery@comcast.net](mailto:abcnursery@comcast.net)

www.abcnurserychelmsford.com

**Registration Form** for the school year September 2024 – June 2025

Please print clearly and be sure to complete and sign both sides of this form.

Child’s Name Sex: M / F D.O.B.\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Child’s Preferred Name/Nickname Height \_\_\_\_\_\_\_\_ Weight

Eye Color \_\_\_\_\_\_ Hair Color \_\_\_\_\_\_ Identifying Marks Primary E-mail

Secondary E-mail

**If** the child listed above has previously attended ABC, please write the date of initial admission: m / y

\*first number you would like us to call

Child's Age ***in September*** 2024 years months Primary Phone # ( \_\_\_\_\_)

Same as Primary Emergency Storm Contact: ( ) (This should be a cell)

Address City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_ Zip

Does your child have any **allergy, intolerance/sensitivity, illness, or disability** of which we should be aware?

Child’s Physician: Telephone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: (\_\_\_\_\_\_) Work Phone: (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: (\_\_\_\_\_\_) Cell Phone: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lives with child Lives with child

**Siblings** – Name: D.O.B: Gender: M / F

Name: D.O.B: Gender: M / F

Name: D.O.B: Gender: M / F

**Please check your program choice** (mark your first {1} and second {2} choice) We register based on a first come first serve basis. No child is automatically re-registered for any reason.

**Program Half Day (9-12) Full Day (9-4)**

**per month per month**

2 day – Tue & Th (3 y.o. only) \_\_\_\_ $400.00 \_\_\_\_ $650.00

3 day – Mon, Wed, & Fri \_\_\_\_\_ $480.00 \_\_\_\_ $780.00

5 day \_\_\_\_\_ $660.00 \_\_\_\_ $1020.00

Please complete and sign **both sides** of this form and return with the registration fee to: ABC Nursery School, P.O Box 88, N. Chelmsford, MA 01863- This registration fee is non refundable

- **$120.00** for new students - **$90.00** for returning students or younger siblings

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ please sign both sides

For Office use only:

Date Received: To be signed upon payment- Signed:

**DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

Regulations for licensed child care facilities require this information to be on file to address the needs of children while in care.

**DEVELOPMENTAL HISTORY**

Any speech difficulties?

Special words to describe needs

Language spoken at home **HEALTH**

Any known complications at birth?

Serious illnesses and/or hospitalizations:

Special physical conditions, disabilities:

**EATING HABITS**

Special characteristics or difficulties:

Favorite foods: child eats with: spoon fork both hands

Foods refused:

**TOILET HABITS**

How does child indicate bathroom needs (include special words)

Is child ever reluctant to use the bathroom?

Does child have accidents?

**SLEEPING HABITS**

Does child become tired or nap during the day (include when and how long)?

When does child go to bed at night? and get up in the morning?

**SOCIAL RELATIONSHIPS**

How would you describe your child?

Previous experience with other children/day care

Reaction to strangers: Able to play alone:

Favorite toys and activities:

Fears (the dark, animals, etc.):

How do you comfort the child?:

\*Please note: first month’s tuition is due on July 1st 2024 or upon registration if registering after July 1st. The registration fee reserves the child’s spot only until June 30th 2024. The first month’s tuition will be 50% refundable through July 31st. On or after August 1st 2024 the tuition is non-refundable. The child’s place will not be reserved without payment. There are five documents required to be filed for each student every year that will be sent to families via email or provided hard copy upon request. This will be sent by the beginning of the month of August before the school year begins. We ask that if you will be away or unavailable before the start of school that you have paperwork submitted before you go. There will be no exceptions to this policy.

Parent Signature: \_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_