



ABC Nursery School

9 Academy Street
Chelmsford, MA 01824

Email: abcnursery@comcast.net

www.abcnurserychelmsford.com

Registration Form for the school year September 2022 – June 2023

Please print clearly and be sure to complete 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: ____/____/____

*first number you would like us to call

Child's Age ***in September*** 2022 _____ 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: (____) _____

For families with more than two parental figures, please find space to leave information on the back of this form

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 per month	Full Day per month
2 day – Tue & Th (3 y.o. only)	_____ \$360.00	_____ \$590.00
3 day – Mon, Wed, & Fri	_____ \$440.00	_____ \$720.00
5 day	_____ \$600.00	_____ \$960.00

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
- **\$100.00** for new students - **\$80.00** for returning students or younger siblings

Parent Signature: _____ Date: _____

For Office use only:

Date Received: _____

To be signed upon payment- Signed: _____

Parent: _____

Occupation: _____

Work phone: _____

Cell phone: _____

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?: _____

Parent Signature: _____ Date: _____

*Please note: first month's tuition will be due no later than July 1st 2022. The registration fee reserves their spot only until June 30th 2022.