

OFFICE USE ONLY:  
 Reg Fee: \_\_\_\_\_  
 Ck#/Ch: \_\_\_\_\_  
 Date: \_\_\_\_\_

# Framingham Centre Nursery School

24 Vernon Street, Framingham, MA 01701  
 PH 508-875-8260 | FAX 508-879-5780  
[www.fcnsma.org](http://www.fcnsma.org)

OFFICE USE ONLY:  
 Visit Date: \_\_\_\_\_  
 DOE: \_\_\_\_\_  
 AAE: \_\_\_\_\_  
 Enroll: \_\_\_\_\_  
 Class: \_\_\_\_\_

## FCNS ENROLLMENT APPLICATION

Please fill out **COMPLETELY**, do not leave any spaces blank

**Name of Child:** \_\_\_\_\_ **M / F** / / **Y:** **M:** **Y / N**  
Gender Date of Birth Age entering: years/months FCNS Sibling?

**Address:** \_\_\_\_\_  
(street, city, state, zip)

**1) Parent/Guardian name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home Address (if different from above):** \_\_\_\_\_ **Business Address:** \_\_\_\_\_  
(street, city, state, zip) (street, city, state, zip)

Land Line: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  Business Phone: \_\_\_\_\_  
 Please indicate your preferred contact phone number by checking the appropriate box

**2) Parent/Guardian name:** \_\_\_\_\_ **Occupation:** \_\_\_\_\_

**Home Address (if different from above):** \_\_\_\_\_ **Business Address:** \_\_\_\_\_  
(street, city, state, zip) (street, city, state, zip)

Land Line: \_\_\_\_\_  Cell Phone: \_\_\_\_\_  Business Phone: \_\_\_\_\_  
 Please indicate your preferred contact phone number by checking the appropriate box

**FCNS uses email to communicate with families. If you do not have email, please use N/A.**

**Emails** 1) \_\_\_\_\_ 2) \_\_\_\_\_

Please list siblings and their birthdates. Please include date of any expected siblings.

\_\_\_\_\_

**Please enroll my child for the school year 2020/2021, Sept – June (select 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice from the following options):**

Class Options <small>(for Toddler ages 2.0 to 2.8 &amp; Preschool ages 2.9 to 5)</small>	2 Days (TTH)	3 Days (MWF)	5 Days (M-F)
<b>Standard AM</b> (9:00AM to 12:00PM)			
<b>4-Hour AM</b> (9:00AM to 1:00PM)			
<b>6-Hour Pre-K</b> (9:00AM to 3:00PM)			

**Nature-based class (90% outdoors) for children ages 4 and up - Pre-K ONLY**

My 1<sup>st</sup> choice is the nature-based class

A separate nature-based class application is required to enroll for this program

**Extended Hours Enrollment Options - 7:30am to 5:30pm:** For families that need additional time (Early Arrival, Lunch & Learn, Stay & Play, and Extended Day), please fill out the Extended Hours Worksheet & attach to application.

Previous child care or play group experiences if applicable:

Type of program 1) \_\_\_\_\_ Dates \_\_\_\_\_ 2) \_\_\_\_\_ Dates \_\_\_\_\_

**LOCAL** relative or friend who may be called in an emergency -  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

**Child's Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

I understand that every effort will be made by Framingham Centre Nursery School to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize FCNS to transport my child to the nearest hospital and to secure the necessary medical treatment.

I am aware that the staff members of the nursery school are trained in First Aid and CPR and I authorize them to give basic, routine first aid attention when it is appropriate to do so.

**A child with special needs may be eligible for special assistance.** If you feel your child has such needs, please inform us of them on this application or come in to talk with us about your concerns. Please share with us any therapeutic, educational, social, and support services that your child is currently receiving.

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**Are there any special conditions or needs about which the school should be aware (asthma, allergies, hearing, speech, etc.)?**  Check if not applicable

**Should there be any limitations on your child's participation in our school program?** Yes\_\_\_ No\_\_\_  
If yes, please explain.

**Your child's major past illnesses, including communicable diseases, if any.**

**Please give a brief description of your child as you see him/her.** Include any information that you feel will help the teachers to better understand and work with your child (recent moves, serious losses, fears, dislikes, favorite toys, behavioral characteristics, typical responses to new situations, toileting habits, words, etc.).

**Describe your child's attributes briefly for identification purposes** (height, weight, color of hair, color of eyes and any identifying marks).

Each child's school experience will be somewhat different. **What do you hope that your child will gain from this year in nursery school?**

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Framingham Centre Nursery School will not discriminate on the basis of race, gender, age, religion, cultural heritage, national origin, political beliefs, marital status, sexual orientation, or disability. This policy will apply to admission, tuition and employment practices. Every child will be granted equal rights, privileges and opportunities to participate in all activities. Our enrollment procedure is consistent with the Americans with Disabilities Act.

**FCNS permissions (must be completed to process application):**

Yes  I give my permission, with prior knowledge and consultation with the staff, for FCNS to obtain information about my child's developmental needs through the use of observations or evaluations by specialists should the school feel it beneficial.

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Yes  I give my permission to have my child participate in classroom observations that may be made on occasion by selected educators or college students.

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Yes  I give my permission for my family's contact information to appear in a school directory intended for the private use by FCNS families only.

Enclosed please find my **non-refundable** registration fee of \$100.00

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_