

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.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Enrollment choices for the school year 2021/2022, Sept – June (select 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choice from the following options):**

<b>Class Options</b> (for Toddler ages 2.0 to 2.8 & Preschool ages 2.9 to 5)	<b>2 Days (TH)</b>	<b>3 Days (MWF)</b>	<b>5 Days (M-F)</b>
<b>4-Hour Class (9:00AM to 1:00PM)</b>			
<b>6-Hour Class (9:00AM to 3:00PM)</b>			
School runs September (after Labor Day) through the middle of June			

**Extended Hours (before and after school care options – 8:00am to 5:00pm)**  
 My child may need extended hours  
 Please indicate the hours you may need here:  
 \_\_\_\_\_

**Extended Hours – 8:00am to 5:00pm:** For before & after school care, complete the Extended Hours Worksheet

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.

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.

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.

I agree to pay the \$100 **non-refundable** registration fee to be billed upon submission of this application.

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

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## Nature-based Programming Registration Form

**Framingham Centre Nursery School offers a nature-based outdoor experience for children attending our program.** Our classrooms are 75% to 90% outside all school year long. The children are outside every day unless it is dangerous to do so.

Each classroom has both a designated indoor and outdoor space. Our class sizes are determined by our indoor space per the Department of Early Education and Care (EEC) licensing requirements. A typical day starts outside. Weather dependent, children may eat snacks and lunch in their outdoor or indoor classroom. For children doing a 6-hour class, rest/nap may be outside in the warmer weather and inside during the colder months.

### Fundamentals of attendance at FCNS:

- **Children must have the appropriate gear<sup>1</sup> for the weather conditions.** Children without the appropriate clothing will not be allowed to stay.
- **Mud and dirt play is an everyday activity.** Children need at least 3 full changes of clothing including indoor and outdoor footwear that is appropriate for the weather conditions.
- **Children are required to have a 1 piece rain suit.** A Tuffo Muddy Buddy is a good option but a more durable option is an Oaki suit. Oaki's offer larger sizes for older children.
- **Children are outside EVERY DAY** – rain, snow, sleet – unless the conditions are dangerous to do so. There are no accommodations for children that are not prepared to be outside.
- **The outdoor classrooms are in the woods, field, courtyard or playground.** Children will have opportunities to hike in the woods, play in the field, climb trees and explore the natural world around them.
- **Risky play at FCNS**
  - **Engaging in risky play is a big part of nature education.** The benefits can promote cognitive, physical, social/emotional, and creative learning.
  - **Risk vs Hazard** – A **hazard** is something a child does not see. A **risk** is a challenge a child can see and chooses to undertake or not. **Eliminating risk leads to a child's inability to assess danger.**
  - **We take safety very seriously.** The staff work to remove hazards when found and to keep children out of hazardous situations while still supporting them as they engage in risky play.

I acknowledge that I am enrolling my child, \_\_\_\_\_, in a nature-based program.

I understand and agree to the fundamentals of the FCNS program as stated above.

**Parent/Guardian Printed Name** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<sup>1</sup> **Required Fall/Spring clothing:** Long sleeved shirt, long pants, fleece or wool sweater, sun hat, sturdy walking shoes. Full coverage clothing required for tick and mosquito protection

**Required Winter gear:** Insulated waterproof boots, **Base Layer:** wool, silk or polypropylene long underwear top and bottom - no cotton, **Mid Layer:** long sleeve fleece or wool sweater, fleece pants, **Over Layer:** insulated waterproof jacket with hood, insulated waterproof pants, Wool socks - silk or synthetic liners are a plus, Gloves - waterproof, insulated liners are a plus, Hat - fleece or wool