

South Shore Community Center Nursery School
Two Year Old Program Lottery Application

Child's Name_____ DOB_____
Parent's Names_____
Address_____
Phone_____
Email_____

Do you have any special concerns or considerations regarding your child?
_____

Is your child a current sibling or legacy sibling? _____
If yes, please list sibling(s)_____

Yellow Room Classes
Please indicate your preference by ranking your first & second choice

_____Monday, Wednesday, Friday Mornings 9:00-11:30

_____Tuesday and Thursday Mornings 9:00-11:30

Please return this form with a $100 registration fee. Checks should be made payable to SSCC Nursery School.

Siblings are given priority placement. Remaining openings are placed by lottery.

Applications will be accepted until December 1st.

Placement letters will be emailed by December 15th.