



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.