



## 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?

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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 1<sup>st</sup>.

Placement letters will be emailed by December 16<sup>th</sup>.