

UPPER FALLS NURSERY SCHOOL

PO BOX 255 45 PETTEE ST
NEWTON, MA 02464
617-332-6488

ENROLLMENT APPLICATION for the School Year

CHILD'S FULL NAME [last,first,middle] Nickname?
Date of Birth Place of Birth Primary Language spoken at home

Total number of days [8:45a.m.-11:45a.m.]* Flexible? Any 3 or 4 days?

* If you are applying for a 3 day spot, 3 consecutive days MAY NOT be available.

CIRCLE YOUR CHOICE OF DAYS: 1st choice: M T W T F 2nd choice: M T W T F 3rd choice: M T W T F

Will you also need placement in the Lunch Bunch Program? [choice of Mon, Tues, Wed,&/or Thurs. until 1:15pm].

Will you need placement at this school additional years for this child and/or a sibling?

Will you need a resource for financial aid? Referred to UFNS by

Parent/Guardian Name Home Address City/State/Zip Home Phone # Occupation Work Address Days/Hours at work Wk. Phone # Cellular Phone# Beeper # E-mail Address

Primary person who will bring & pick up your child at UFNS

Table with 2 columns: Other siblings (name & date of birth) and Relatives who have attended UFNS [name/relationship]. Rows 1-4.

IDENTIFYING INFORMATION [required by the Massachusetts Department of Early Education & Care]

Eye color Hair color Sex Race
Height Weight Identifying Marks

Child' Previous Nursery School Experience

PARENT(S) SIGNATURE DATE

For Office Use Only

Date of Admission \$50 nonrefundable APPLICATION FEE
Age at Admission \$500 nonrefundable DEPOSIT due upon acceptance