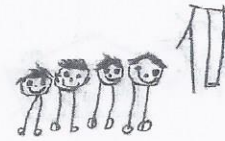




Plymouth House Nursery School

87 Edgell Road
Framingham, MA 01701
508-875-1001



For Office Use Only

Room # _____ 2 or 3 or 5 days
Age _____ (as of **Sept 1, 2018**)
Alumni Status _____
Computer Entry Made on _____

Check the days you are interested in:

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

CHILD'S FACE SHEET/ENROLLMENT FORM ENROLLMENT YEAR 2018-2019

CHILD INFORMATION

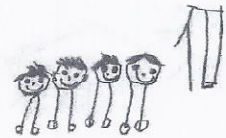
Child's Name: _____ Date of Birth: _____
Age at Admission: _____ Date of Admission: _____
Child's Home Address: _____
Home Phone Number: _____
Primary Language: _____ Identifying Marks: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____
Sex: _____ Height: _____ Weight: _____

PARENT GUARDIAN INFORMATION

Parent/Guardian Name: _____
Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____
Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____



Plymouth House Nursery School



Child's Face Sheet/Enrollment Form Page 2

Child's Name _____

Hours at Work: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone
Number: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

ADDITIONAL INFORMATION

Child's Physician: _____

Address: _____

Phone Number: _____

Allergies/Special Diets? _____

Individual Health Plan for child with a chronic health condition? If yes please attach. _____

Copies of any custody agreements, court orders and restraining orders pertaining to the child? If yes please attach _____

Special limitations or concerns? _____

I, _____, understand that the \$125 application fee submitted along with this application is non refundable and is not a guarantee that my child is enrolled for the fall of 2014. Upon submission of a signed contract and a full month tuition payment, my child will be enrolled for the school year.

Parent/Guardian Signature

Date