



Child's Face Sheet/Enrollment Form 2024-2025

Please return this form with the **non-refundable** registration fee to the office or mail to:
Central Co-Operative Nursery School, P.O. Box 142, Chelmsford, MA 01824

REGISTRATION FEE: Returning Family \$75 New Family \$100

CHILD'S INFORMATION

Child's Name: _____ Date of Birth: ____/____/____

Place of Birth: _____ Primary Language: _____

Home Address: _____

Primary Telephone: _____

CHILD'S IDENTIFYING INFORMATION

Sex: Male Female Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Skin Color: _____ Identifying Marks: _____

Allergies: _____

PLEASE CHOOSE THE PROGRAM YOU ARE ENROLLING FOR:

Five Day/Full Day Four Day/Full Day Three Day/Full Day Two Day/Full Day

Five Day/Half Day Four Day/Half Day Three Day/Half Day Two Day/Half Day

PARENT/GUARDIAN INFORMATION 1

Name: _____ Relationship to child: _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Telephone: _____ Hours at Work: _____



PARENT/GUARDIAN INFORMATION 2

Name: _____ Relationship to child: _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Telephone: _____ Hours at Work: _____

IF PARENTS CANNOT BE CONTACTED, NOTIFY:

Name: _____ Relationship to child: _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

Others in Family: _____

IF PARENTS CANNOT BE CONTACTED, NOTIFY:

Name: _____ Relationship to child: _____

Address: _____

Home Telephone: _____ Mobile Telephone: _____

Email Address: _____

Others in Family: _____

Child's Physician: _____ Phone: _____

How did you hear about us? _____

Parent's Signature: _____ Date: _____