

LNS GENERAL REGISTRATION AND INFORMATION FORM

Please return form with a \$30 non-refundable registration fee to: Registrar, Lyme Nursery School, 155 Dartmouth College Highway, Lyme NH 03768.

Child's Name: _____ Date of Birth: _____

Information about your child and family is confidential and is gathered solely for the purpose of assisting us in understanding and caring for your child.

Please check desired curriculum for which you want to register your child:

4-Year Old Program: Core Curriculum: 8:30-12:30 Extended Day: 12:30-4:00
(4 by 9/30/09) (Monday-Tuesday-Thursday-Friday) __ M __ T __ Th __ F

Additional Day: 8:30-12:30 Extended Day: 12:30-4:00
 __ Wednesday __ Wednesday

3-Year Old Program: Core Curriculum: 8:30-12:30 Extended Day: 12:30-4:00
(3 by 9/30/09) Monday-Wednesday-Friday __ M __ W __ F

Additional Days: 8:30-12:30 Extended Days: 12:30-4:00
 __ Tuesday __ Thursday __ Tuesday __ Thursday

After-K Program (12:30-4:00): Monday Tuesday Wednesday Thursday Friday

Contact Information:

Mother's Name Home Address Phone/Email

Mother's Place of Employment Phone

Father's Name Home Address Phone/Email

Father's Place of Employment Phone

If parents are divorced, who has custody of the child? _____

If child is not living with parent(s), name/address of legal guardian(s): _____

Siblings: Name _____ Age _____

 Name _____ Age _____