

AUSTEN RIGGS NURSERY SCHOOL

Family Information

Child's Name: _____ DOB: _____

Parent(s): 1. _____ 2. _____

Address(es): 1. _____ 2. _____

Phone: 1. _____ 2. _____

Email: 1. _____ 2. _____

Emergency Contact Information

Name: _____ Relationship: _____

Home Phone#: _____ Alternate Phone #: _____

Enrollment Information

Date when student will be 2 years and 9 months: _____

***Please note, your child must be 2 years and 9 months to begin our program.**

What term would you like to join our school?: ____ Fall ____ Summer

What year are you applying for? _____ Age on September 1st of that year? _____

Please indicate your preference for half or full days and days of attendance*

Monday	Tuesday	Wednesday	Thursday	Friday	Total
Half	Half	Half	Half	Half	
Full	Full	Full	Full	Full	

*The minimum is 4 days/week

Received _____ Initials of Director _____

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Date of last physical: _____ please provide a copy at time of enrollment, must be dated within **1 year of program start date**. Does your child have any diagnosed allergies or medical issues? ___ No ___ Yes, please explain: _____

Has your child ever been enrolled in a school program? ___ No ___ Yes, please provide the name and type of program: _____

**when your child is accepted into our program, you will need to provide a \$250 non-refundable deposit that will be used toward your full tuition cost. Checks are payable to Austen Riggs Center, please indicate the Nursery School in the memo line. If you would like to pay by credit card or inquire about our financial aid, please call our Finance office at 413.931.5207.

Thank you for your interest in our program. When your child is accepted, we will plan a visit for your child to engage in the program. There will be a mandatory orientation to attend, and an enrollment packet will be emailed to you to have completed and returned at orientation. Feel free to call or email with further questions.

Sincerely,
Sarah Muil
Director, II
413.931.5288

Received _____ Initials of Director _____