

Application for Enrollment

Child's Information

Child's Name:	Gender: Male Female	
Birthdate:	_ Age as of 9/1/2024:yearsmonths	
<u> Household Inform</u>	<u>nation</u>	
Parent/Guardian #1		
Name:	Relationship:	
Address:		
Phone Number:	Email:	
Parent/Guardian #2		
Name:	Relationship:	
Address:		
Phone Number:	Email:	
	thday(s) of Younger Siblings:	
Have you or any of yo	our children attended Milldam Nursery School? ended.	· -

Help us get to know you!

Has your child been enrolled in a preschool or playgroup? Please describe below.

Why do you think that Milldam Nursery School would be a good fit for your child and your family?

I would like to make an application to	the Milldam Nursery School for my child for the	school year beginning
September 2024. I understand that a r	nonrefundable application fee of \$45 is required	for to complete the
application.		
Signed:	Date:	
Please send your completed applicati	ion and fee to Milldam Membership at the addre	ess below. Checks should be
mac	le payable to Milldam Nursery School, Inc.	
	Jen Morgan	
9:	1 Riverside Avenue Concord, MA 01742	

Email: membership@milldamnurseryschool.org