

BEACON HILL NURSERY SCHOOL, INC.

74 JOY STREET, BOSTON, MA 02114

Tel. 617.227.0822

Fax 617.227.0837

www.bhns.net

ADMISSIONS APPLICATION

For Academic Year _____

CHILD INFORMATION:

Child's Name _____ Name Used / Nickname _____ Sex _____

Birthday ____/____/____ Primary Language _____
Month Day Year

Has child attended another school? Yes _____ No _____

Name of School _____ Dates attended _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to Child _____ Relationship to Child _____

Home Address _____ zip _____ Home Address _____ zip _____

Home Telephone _____ Home Telephone _____

Cell Phone # _____ Cell Phone # _____

Occupation _____ Occupation _____

Bus. Name _____ Bus. Name _____

Bus. Telephone _____ Bus. Telephone _____

Email Address _____ Email Address _____

Parents' Marital Status: Married Separated Divorced Single Other

Who has legal custody of child? _____

With which parent/guardian does child primarily live? _____

ADDITIONAL INFORMATION:

Siblings (Name)	Date of Birth	Age & Sex	School Now Attending (if applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has anyone in your family attended BHNS? Yes _____ No _____

Name(s) / Years: _____

How did you hear about BHNS? _____

Beacon Hill Nursery School families you know:

What goals do you have for your child at BHNS?

As parents/guardians what do you expect from the School? _____

What special interests and areas of expertise (personal or professional) would you as parents like to share with the school community?

PROGRAM INFORMATION

Please check your preference(s):

OUR CLASSES	DAYS	TIME
<input type="checkbox"/> 2.0 program 2 days	T - TH	9:00 – 12:15 or 1:15-4:30
<input type="checkbox"/> 2.0 program 3 days	M W F	9:00 – 12:15 or 1:15-4:30
<input type="checkbox"/> Preschool	M – F	8:45 – 12:00 or 12:45-4:00
<input type="checkbox"/> Kindergarten	M – TH F	8:45 – 2:00 8:45 – 12:00
EXTENDED DAY CLASSES*		
<input type="checkbox"/> Kaleidoscope 5	M – F	12:00 – 3:30
<input type="checkbox"/> Kaleidoscope 3	M W F	12:00 – 3:30
<input type="checkbox"/> Kaleidoscope 2	T TH	12:00 – 3:30
<input type="checkbox"/> Preschool Rainbow 5	M – F	12:00 – 5:45
<input type="checkbox"/> Preschool Rainbow 4#	Any 4 days	12:00 – 5:45
<input type="checkbox"/> Preschool Rainbow 3#	Any 3 days	12:00 – 5:45
<input type="checkbox"/> Kindergarten Rainbow 5	M – TH F	2:00 – 5:45 12:00 – 5:45
<input type="checkbox"/> Kindergarten Rainbow 4#	Any 4 days	2:00 – 5:45
<input type="checkbox"/> Kindergarten Rainbow 3#	Any 3 days	2:00 – 5:45

* Afternoon programs are in addition to enrollment in morning programs
On a space available basis, but days must be consistent as per contract

PLEASE REMIT THE \$50 APPLICATION FEE WITH THIS FORM. THANK YOU.

I/we certify that the information provided on this application is true and accurate. I/we understand and accept that failure on our part to disclose all relevant information during this process may result in my/our child(ren) being dismissed from the school.

Parent or Guardian Signature

Date

Parent or Guardian Signature

Date

Beacon Hill Nursery School does not discriminate in providing services to children and their families or in its employment practices, on the basis of race, religion, cultural heritage, political beliefs, sexual orientation, national origin, age, gender, marital status or disabilities.

For Office Use Only

Application Received _____
Application Fee _____
Parent Visit _____
Alumnus/a _or Sibling _____
Child Visit _____
Age at Admission _____
Date of Admission _____