

Registration Application for 2023-2024

*Wellesley Nursery School in the Hills
207 Washington Street
Wellesley Hills, MA 02481
781-237-9137 wnsh.org*

Name of child - son/daughter _____

Date of Birth _____

Preschool 1: (2.9-3yrs): 8:40-11:40: 3 days___ 4 days___ or 5 days___

My preferred schedule of days is: (we will do our best to accommodate)

Monday Tuesday Wednesday Thursday Friday

Preschool 2: (3.4-4yrs): 8:40-11:40: 4 days___ or 5 days___

My preferred schedule of days is: (we will do our best to accommodate)

Monday Tuesday Wednesday Thursday Friday

Pre-K: (4-5yrs): 8:40-1:30 (M, T, Th, F), 8:40-11:40 (W): (5 days)

Transitional Kindergarten: (4.9-6 yrs) 8:40-1:30 (M, T, Th, F), 8:40-11:40 (W): (5 days)

Please include a non-refundable \$600 deposit with this application to secure your child's spot in the program. Forms and checks may be mailed or dropped off with your child.



Make checks payable to:

WELLESLEY NURSERY SCHOOL IN THE HILLS and return to:

Wellesley Nursery School in the Hills
207 Washington Street
Wellesley, MA 02481

Tuition Agreement: I understand that the \$600 deposit accompanying this registration form is non-refundable and that all future tuition payments paid to the Wellesley Nursery School in the Hills are also non-refundable. If I choose to withdraw my child/children from this program, all outstanding tuition is still due unless the child's space can be filled.

Signed _____ Date _____

Parents' Names _____ Email _____

Address _____ Phone _____

