

Nonotuck Community School
221 Riverside Drive
Florence, MA 01062

Child's Name _____ Date of Birth _____ Sex **M F**

Parents' Names _____

Address _____ City _____ State _____

APPLICATION FOR ADMISSION
(\$10.00 Application Fee)

Telephone Home: _____ Work: _____ Cell: _____

Email _____

Entrance Date Desired _____ What age will your child be at desired entrance date? _____

ANTICIPATED SCHEDULE REQUEST:

- Days: * 5 days Monday – Friday
 * 3 – 4 days

- * Need: * M * T * W *Th *F
 * Flexible -would prefer: * M * T * W *Th *F

OFFICE USE:

Rec'd _____
Appl. Fee _____
Letter _____
Visit _____
Deposit _____

- Hours: * I am interested in core day only (8:30am to 3:30pm)
 * I am interested in 7:30 – 8:30 am drop off on some or all days
 * I am interested in 3:30 – 4:30 pm pick up on some or all days
 * I am interested in 4:30 – 5:30 pm pick up on some or all days

All Children must be picked up *by* their scheduled pickup time.