

THE CHAPEL SCHOOL

First Church, Congregational
26 Pleasant Street
Methuen, Ma. 01844
(978)-689-8414

Preschool Registration (Please check choice of Session)

Mornings (8:30 - 11:30)

Afternoons (12:15 - 3:15)

5 Days, Mon. - Fri. (4 yrs old)

3 Days, Mon., Wed. & Fri (4 yrs old)

3 Days, Mon., Wed. & Fri. (4 yrs old)

2 Days, Tues. & Thurs. (3 yrs old)

2 Days, Tues. & Thurs. (3 yrs old)

Child's Name _____ Tel. No. _____

Address _____

Present Age _____ D.O.B. _____ Cell No. _____ / _____

Father's Name _____ Mother's Name _____

Other children in family: Number _____ Names _____

Does child have allergies? Food _____ Medical _____

You will be receiving additional forms to complete - medical, developmental & authorization.

Chapel Kindergarten & Preschool employs a policy of non-discrimination in all of its services to children and their families. We do not discriminate on the basis of race, religion, cultural heritage, political beliefs, national origin, marital status, sexual orientation or disability. Our registration policy is on a first-come, first-serve basis. Please return your completed form as soon as possible.

Parent Agreement

I hereby agree to enroll my child in the Chapel Preschool and I understand that tuition payments must be paid as per parent handbook. A registration fee of \$75.00 must be paid with this agreement.

This fee is non-refundable and I understand that one month's notice will be required to withdraw my child from Chapel Preschool.

Parent's Signature _____ Date _____