



## Enrollment Application

Thank you for your interest in Magic Years Cooperative Nursery School! **To hold your child's spot for the \_\_\_\_\_(year) school year, please complete this form and return it, along with your \$50.00 non-refundable application fee, to the address below.**

As of January 1st, after returning students and eligible siblings have secured their place, new families will be notified of their acceptance first-come, first-served, on a space available basis. **After you have been notified of your child's acceptance, a non-refundable deposit of \$250.00 is due by February 10th** to permanently secure your child's place. A final deposit of \$500.00 is due by May 15<sup>th</sup>.

These deposits are required of both new and returning families, and are applied to final tuition payments in May and June. Please note that all new families are required to schedule a visit to our school with their child.

**I/We wish to enroll** \_\_\_\_\_  
first middle last

Mother/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Work \Cell Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Work \Cell Phone \_\_\_\_\_  
e-mail \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

(Child must be 3 years of age on or before August 31st)

\_\_\_\_ A non-refundable student application fee of \$50.00 is enclosed.

\_\_\_\_ I will call Magic Years to schedule a required visit.

\_\_\_\_ I have already visited Magic Years on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_ I would like to request information on scholarship aid (Limited aid is available).

\_\_\_\_ A sibling of applicant is currently enrolled at Magic Years and/or we are an alumni family

**I understand that by signing this form, I am the responsible party for all payments to Magic Years.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Magic Years Nursery School does not discriminate on the basis of race, religion, cultural heritage or political beliefs, national origin, marital status, sexual orientation or disability.

**P.O. Box 215, Chapel Lane, Manchester, MA 01944 (978) 526-4750**