



**HINESBURG NURSERY SCHOOL**

www.HinesburgNurserySchool.org  
P.O. Box 7, Hinesburg, Vermont 05461  
Telephone Number: (802) 482-3827

**For School Use:**

Date Received: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Check #: \_\_\_\_\_

Admitted By: \_\_\_\_\_

Date Given to Treasurer: \_\_\_\_\_

**HNS REGISTRATION FORM - FALL 2019**

Application Date: \_\_\_\_\_

If signing up for 3 days (an ELP requirement), **please rank your schedule preference** from 1-5 with 1 being most preferable:

\_\_\_\_ Mon-Wed-Fri    \_\_\_\_ Tue-Wed-Thu    \_\_\_\_ Mon-Tue-Thu    \_\_\_\_ Tue-Thu-Fri    \_\_\_\_ Tue-Wed-Fri

(These are some of the most popular schedule choices. Contact Jackie at [info@hinesburgnurseryschool.org](mailto:info@hinesburgnurseryschool.org) to inquire about other options)

If signing up for only 2 days, **circle** the days requested:    Mon    Tue    Wed    Thu    Fri

Disclaimer- Students attending for less than 3 days may not be eligible for ELP funding.

Child's Complete Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT/FAMILY INFORMATION**

Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Address (if different): \_\_\_\_\_

Work Site Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Other Contact Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_ Preferred contact email? \_\_\_\_\_

Second Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Second Parent/Guardian Address (if different): \_\_\_\_\_

Work Site Address: \_\_\_\_\_

Second Parent/Guardian Home Phone: \_\_\_\_\_ Other Contact Phone: \_\_\_\_\_

Second Parent/Guardian Email: \_\_\_\_\_ Preferred contact email? \_\_\_\_\_

Siblings: (name, DOB) \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of an emergency who can we call if parents can not be reached?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

