



**HINESBURG NURSERY SCHOOL**  
 www.HinesburgNurserySchool.org  
 P.O. Box 7, Hinesburg, Vermont 05461  
 (802) 482-3827

**For School Use:**

Date Received: \_\_\_\_\_  
 Registration Fee: \_\_\_\_\_  
 Check #: \_\_\_\_\_  
 Admitted By: \_\_\_\_\_  
 Date Given to Treasurer: \_\_\_\_\_

**HNS REGISTRATION FORM - FALL 2023**

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

If signing up for 3 days (an ELP requirement), **rank your schedule preference** from 1-6 with 1 being most preferable:  
 \_\_\_ Mon-Wed-Fri \_\_\_ Tue-Wed-Thu \_\_\_ Mon-Tue-Thu \_\_\_ Mon-Wed-Thu \_\_\_ Tue-Thu-Fri \_\_\_ Tue-Wed-Fri  
 (These are the most popular schedule choices. Contact us at [info@hinesburgnurseryschool.org](mailto:info@hinesburgnurseryschool.org) to inquire about other options)

If signing up for only 2 days, **rank all 5 days in order of preference** with 1 being most preferable:  
 \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thu \_\_\_ Fri (Students attending for less than 3 days may not be eligible for ELP funding)

If interested in the **Discovery Program** (priority for older children) 12-2:15 - please **indicate desired days**:  
 \_\_\_ Tue only \_\_\_ Thu only \_\_\_ Tue & Thu

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) \_\_\_\_\_  
 Child's Primary Language: \_\_\_\_\_

**EMERGENCY INFORMATION**

In case of an emergency who can we call if parents can not be reached? (Please provide two contacts)  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Name of Dentist: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital preference: \_\_\_\_\_

Does your child have any allergies, take any medications or have special dietary requirements that HNS should be aware of?

NO     YES - please describe: \_\_\_\_\_

Please give any other information about your child which would be helpful. Such as, play habits, sleeping habits, fears, likes, dislikes, health issues etc. (Please use additional pages if needed).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*In the event that my child, \_\_\_\_\_ becomes ill or injured, I give permission and authorization to the staff to seek emergency medical care, including transport by ambulance.  YES     NO

I give my consent for \_\_\_\_\_ to take part in field trips or walking excursions under proper supervision.  YES     NO

Are you willing to chaperone on field trips or walking excursions?  YES     NO

Are you willing to drive? (Drivers must have \$100,000 and \$300,000 insurance)  YES     NO

I give my permission for my child to be photographed and the photos to be used for HNS publicity materials and articles about the school (names not used).  YES     NO

I give my permission for my child to be photographed and the photos to be shared on a private facebook group and instagram feed for HNS families (names not used).  YES     NO

I give permission for HNS staff to share information regarding my child, \_\_\_\_\_, with the school district in which my child resides. This would typically be for funding purposes or to ensure a smooth transition to Kindergarten.  YES     NO

**PARENT’S OR GUARDIAN’S SIGNATURES:**

\_\_\_\_\_ **DATE:** \_\_\_\_\_

**YOU MUST ENCLOSE A DEPOSIT CHECK MADE PAYABLE TO HNS.**

**NEW STUDENT** REGISTRATION FEE - \$125; TOTAL DEPOSIT FOR ATTENDING 2 or 3 DAYS IS **\$350.**

**RETURNING STUDENT/SIBLING** REGISTRATION FEE - \$85; TOTAL DEPOSIT FOR ATTENDING 2 or 3 DAYS IS **\$310.**

THE REGISTRATION FEE IS NON-REFUNDABLE IF YOU CHOOSE NOT TO ATTEND HNS. THE REMAINING DEPOSIT GOES TOWARD YOUR FIRST TUITION PAYMENT.

**YOU WILL ALSO NEED TO INCLUDE THE FOLLOWING WITH THIS REGISTRATION FORM:**

- 1) **SIGNED PICK UP PERMISSION FORM**
- 2) **SIGNED PARENT RESPONSIBILITY CONTRACT**
- 3) **COPY OF CHILD’S IMMUNIZATION RECORD OR A STATE OF VT WAIVER FORM**
- 4) **COMPLETED HEALTH EXAMINATION FORM**