



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 2025

CHILD INFORMATION & REGISTRATION PREFERENCES

Child's Complete Name: _____ Preferred Name/Nickname: _____ DOB: _____

Address: _____

Select one: 3 days/week (a requirement to qualify for ELP funding) OR 2 days/week

Rank days in order or preference 1 to 5 (1 being most preferable): ___ Mon ___ Tue ___ Wed ___ Thu ___ Fri

Notes on preferred days: _____

PARENT/FAMILY INFORMATION

Parent/Guardian Full Name: _____ Employer: _____

Parent/Guardian Address (if different): _____

Work Site Address: _____

Parent/Guardian Phone: _____ Other Contact Phone: _____

Parent/Guardian Email: _____

Second Parent/Guardian Full Name: _____ Employer: _____

Second Parent/Guardian Address (if different): _____

Work Site Address: _____

Second Parent/Guardian Phone: _____ Other Contact Phone: _____

Second Parent/Guardian 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 physician: _____ Telephone: _____

Name of dentist: _____ Telephone: _____

Does your child have any allergies, medications, or 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, sleep habits, fears, likes, dislikes, health issues, etc.

What specific skills and/or knowledge can you contribute as a member of a parent co-operative run preschool (e.g. administrative, fundraising, maintenance, marketing, legal, etc.)?

**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/or instagram feed for current 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 OR GUARDIAN SIGNATURES:

DATE: _____

YOU MUST ENCLOSE A DEPOSIT CHECK MADE PAYABLE TO HNS

NEW STUDENT REGISTRATION FEE - \$125; TOTAL DEPOSIT (2 or 3 days) IS **\$350**.

RETURNING STUDENT/SIBLING REGISTRATION FEE - \$85; TOTAL DEPOSIT (2 or 3 days) IS **\$310**.

The registration fee is non-refundable if you choose not to attend HNS. The remaining \$225 goes toward your supplemental tuition payment.

PLEASE BE SURE TO INCLUDE THE FOLLOWING ALONG WITH THIS REGISTRATION FORM AND DEPOSIT CHECK:

- 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 OR EQUIVALENT