



# THE CHAPEL SCHOOL

26 Pleasant Street  
Methuen, MA 01844  
(978)-689-8414

<b>2022-23</b> School Year
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## Preschool Registration Form

(Please Print)

### Mornings (8:30 - 11:30 AM)

\_\_\_ **5 Days**, Monday – Friday (4-5 years)

\_\_\_ **3 Days**, Typically\* Mon, Wed & Fri (4-5 years)

\_\_\_ **2 Days**, Typically\* Tues & Thurs (3-4 years)

\_\_\_ Add **Lunch Bunch (until 2:00 PM)** →→→→

\*Contact the School Office if other days are needed

### Full Days (7:30 AM – 4:00 PM)

\_\_\_ **5 Days**, Monday – Friday (4-5 years)

\_\_\_ **3 Days**, Typically\* Mon, Wed & Fri (4-5 years)

\_\_\_ **2 Days**, Typically\* Tues & Thurs (3-4 years)

How many days for **Lunch Bunch?** \_\_\_\_\_

Please circle: M Tu W Th F

### Child Information:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: [ ] Male [ ] Female Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

**Allergies:** \_\_\_\_\_

### Parent/Guardian 1:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

[ ] Mother [ ] Father [ ] Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### Parent/Guardian 2:

First Name: \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name: \_\_\_\_\_

[ ] Mother [ ] Father [ ] Other: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**You will be receiving additional forms to complete – Information & Authorization, Medical and Developmental.**

*The Chapel School employs a policy of non-discrimination in all its services to children and their families. We do not discriminate based on 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.*

### Parent Agreement

**I hereby agree to enroll my child in the Chapel School 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. I understand that one month’s notice will be required to withdraw my child from The Chapel School.**

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

*Please return your completed form as soon as possible. Thank you.*