



THE CHAPEL SCHOOL

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

20__ - __ School Year

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 the 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.