

81 Water Street, Danvers, MA 01923 phone (978) 777-0015 777-0904

fax (978)

Pre-Registration

Application Date _		_ Date you would lib	ke to enroll	Age at Admission	1
Child's Name			Birth Date		
Family Information Parent/Guardian Name Address			Parent/Guardian NameAddress		
Work Place			Work Place		
Address			Address		
Phone (home)			Phone (home)		
(work)			(work)		
(other)			(other)		
e-mail			e-mail		
	PM Preschool 1	9:00am – 12:00pm pm-3:30pm (T/TH) ke your child to attend: Wednesday:		ddiness 1pm-3:30pm (M/	
Please indicate which	n days you would lil	ke your child to attend lun	ch bunch:		
Monday:	_ Tuesday:	Wednesday:	Thursday:	Friday:	
refundable annual regis maximum of \$100 per deposit that will be app payment due on June I	tration fee and tuition family upon enrollmen shied towards your chi 5th. The nine remaining application. The Fo	ist. This fee will be credited in deposit is due at the time yent and for each subsequent yild's school year tuition. The ng payments are due Sept 15	our child is enrolled. The relear enrolled. The tuition debalance of tuition is payable. The May 15th. Parent/ Guardee that we will be able to prove the control of the c	egistration fee is \$50 per cheposit equaling \$150 is a not e in ten monthly payments, dian Signature ovide you with your desired	Date
your preferred start date enrollment paperwork v	e. As space becomes a with a registration fee a	ox Hill School cannot guarant available we will notify you b and non-refundable tuition de tage, political beliefs, or pare	ee that we will be able to proy phone. At that time, you reposit. The Fox Hill School	ovide you with your desired must submit your child's co	m