



Any child between the ages of 2 years, 9 months and 5 years as of September 1st of the year of admission is eligible for admission. Ashmont Nursery School does not discriminate against parents or students on the basis of race, sex, sexual orientation, national or ethnic origin, or disability. The school strives for diversity and balance. As a parent run cooperative the school requires a high level of parent involvement in the classroom, and in the responsibilities of the day-to-day school operations.

1 Ashmont Street  
Dorchester, MA 02124 617-282-6063  
www.ashmontnurseryschool.com

School Year applying September 20\_\_\_\_\_

Name of Child \_\_\_\_\_ Boy  Girl  Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last name First name Nickname (if applicable)

Place of Birth \_\_\_\_\_ Language(s) spoken at home \_\_\_\_\_

Does your child have siblings? Y N (Names and ages) \_\_\_\_\_

Please list any siblings that have attended ANS and years attended? \_\_\_\_\_

Parent/Guardian \_\_\_\_\_  
Last name First name

Parent/Guardian \_\_\_\_\_  
Last name First name

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_

Home phone \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

Students may be enrolled for a fixed schedule of either 3, 4, or 5 days a week. All schedules must include either a Monday or Friday selection. Families may select the 'Early Morning' and/or 'Extended Day' options as well, though space in these programs varies based on group interest/need. Please indicate with an [ x ] below your schedule preferences:

Regular School Day (8:30am-2:45pm)

1st Choice Mon  Tues  Wed  Thurs  Fri   
2nd Choice Mon  Tues  Wed  Thurs  Fri

Are you able to be flexible with your preference of days and/or the number of days you want your child to attend?

Please specify \_\_\_\_\_

Early Morning Option

(start time TBD: 7:30 or 8am - 8:30am )

Mon  Tues  Wed  Thurs  Fri

Extended Day Option

(3pm - 5:30pm )

Mon  Tues  Wed  Thurs  Fri

Please check here if you would like to apply for financial aid. Scholarships are awarded on the basis of need.

Please check here if you are a returning family or alumni family interested in the Early Admissions Program.

How did you learn about Ashmont Nursery School? \_\_\_\_\_

What is the main reason for your interest in this cooperative nursery school program?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any special concerns about your child that we should know about? (i.e. medications, allergies, special needs)  
\_\_\_\_\_  
\_\_\_\_\_



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# Family Involvement

The cooperative aspect of the program requires that each family assume important roles in the school. Please check below if you agree to be involved in each of the following ways:

- I agree to work in the classroom as a parent teacher approximately once a month.
- I agree to participate by performing an assigned committee job and/or by doing work on a committee.
- I agree to attend three general meetings in September, January and May, and additional board meetings, as required.
- I agree to attend fall and spring parent conferences.
- I agree to participate in at least one maintenance workday per year.
- I agree to assist with fund raising events throughout the school year, including, but not limited to our annual auction and yard sale.
- I agree to pay my child's tuition in a timely manner.

I / We understand that Ashmont Nursery School is a parent-run cooperative, and I/we agree to commit the time and energy necessary to fulfill all parent obligations.

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Parent/guardian name (print)	Signature	Date
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Parent/guardian name (print)	Signature	Date
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**\*Please return this completed application, along with a \$40.00 non-refundable application fee (check payable to Ashmont Nursery School), by February 1<sup>st</sup> to be considered for admission in the upcoming year. The Admission Committee will send out notification letters the first week of April.**

<b>OFFICE USE ONLY</b>	Child's name: _____	M F
Date application rec'd: ___ / ___ / ___	Check #: _____	Amt. _____
Parent meeting: ___ / ___ / ___	Child visit: ___ / ___ / ___	Date to billing: ___ / ___ / ___
		Start age: ___ y ___ mo.