Lynnfield Preschool
525 Salem Street
Lynnfield, MA 01940
(781) 581-5140

Registration Form 2018/2019 SY

Child's Name: _____DOB ____/____/____ Male/Female
First Last *Circle*

Address: _____
Street Town/City Zip Code

NEW 3 year old students
for the 2018-2019 school year
Choose 1 option ONLY

Please place an "x" next to your preferred choice

2 sessions ___ **3 sessions ___**

*Morning session: 8:00am-11:00am

Tuition Rate: 2 sessions - $2,000
3 sessions - $3,000

Please complete the following information:

Parent/Guardian Name(s): _____

Address: _____
Street Town/City Zip Code

Home Telephone: _____ Work Telephone: _____

Cell Phone #1: _____ Cell Phone #2: _____

Email address(es):_____

In signing this, I agree that if, for any reason, my child does not plan to attend the 2018-2019 SY preschool session, I will notify the Lynnfield Preschool Office as soon as possible and will forfeit the registration fee.

Signature: _____ Date: _____

Please return this registration form by December 22, 2017 with a $25 NON-REFUNDABLE registration fee payable to:

Town of Lynnfield
Lynnfield Preschool
525 Salem Street
Lynnfield, MA 01940

If you are registering more than one child, please complete separate forms for each child.