LNS GENERAL REGISTRATION AND INFORMATION FORM

Please return form with a $30 non-refundable registration fee to: Lyme Nursery School, Attention Director/registration, 155 Dartmouth College Highway, Lyme, NH 03768

Child's Name:_____Date of Birth:_____

Information about your family is confidential and is gathered solely for the purpose of helping us understand and care for your child.

Please circle desired curriculum for which you want to register your child

4 Year Old Program: (4 by 9/30/11)	Core Curriculum: 8:00-12:30 M/Tu/Th/F ($108/week)	Extended Day 12:30-4:00 ___M___T___Th___F($20/day)
	Additional Morning: 8:00-12:30 ___W ($27/day)	Extended Day:12:30-4:00 ___W ($20/day)
3 Year Old Program: (3 by 9/30/11	Core Curriculum: 8:00-12:30 M/W/F ($81/ week)	Extended Day: 12:30-4:00 M___W___F___ ($20/day)
	Additional Morning: 8:00-12:30 ___T ____Th ($27/day)	Extended Day: 12:30-4:00 ____T ____Th ($20/day)

After-K Program: ___Monday __Tuesday ___Wednesday ___Thursday ___Friday 12:30-4:00pm ($20/day)

Contact Information:

_____	_____	_____
Mother's name	**Home Address**	**Phone/email**
_____		_____
Mother's place of employment		**Phone**
_____	_____	_____
Father's name	**Home Address**	**Phone/email**
_____		_____
Father's place of employment		**Phone**

If parents are divorced, who has custody of the child?_____

If child is not living with parent(s), name/address of legal guardian(s):_____

Siblings: **Name**_____ **Age**_____

Name_____ **Age**_____

Name_____ **Age**_____