



Summer CNS Community Nursery School REGISTRATION 2016

PHONE 781-862-0741 email: info@cnslex.org

Please complete all information below. Use pen and please print clearly.
Mail to: Community Nursery School, 2325 Mass. Ave., Lexington MA 02421

Childs Name: _____ Male / Female

Birthday: _____ Age in June 2016: _____

Name of Parent/Guardian: _____ Phone: _____

Street: _____ Town: _____ State: _____ Zip: _____

Email: _____

Pricing: \$180 for 1 week, additional weeks \$170. Week #2: \$135

Description	Week #	Amount Enclosed
Check Enclosed: _____ Ck# _____ There is a \$20 returned check fee. check payable to Community Nursery School Credit Card: _____ See back side.	Total :	

CHANGES AND WITHDRAWALS

- All money is returned if CNS needs to cancel a week due to low enrollment.
- If you withdraw from a program week by May 1st, tuition will be refunded less a \$20 per program week administrative fee.
- If you withdraw from a program week after May 1st you may opt to choose another week pending availability.
- No refunds will be issued after May 1st.

I/We, the parents/guardians of _____ (a) minor(s), hereby consent to his/her participation in the Community Nursery School Summer Program, the taking of photos of my/our children and/or the use of such photos in the promotion of the program and to his/her use of the Community Nursery School facilities and equipment. I/We further agree to release Community Nursery School, its officers, employees, directors, agents and attorneys and their heirs, executors, administrators, successors and assigns from and all liability, loss, damage, expense, accident, personal injury or death to the above-named minor(s) in connection with his/her/their participation in the Community Nursery School Summer Program. I/We hereby give permission to Community Nursery School to authorize emergency personnel and/or physician(s) at a local hospital to secure proper treatment of my/our children as named above, in the event that Community Nursery School attempts to reach parents are unsuccessful. I/We agree to abide by CNS policies.

Parent Signature: _____

Date: _____

Confirmations will be emailed along with the Forms Packet. Please return the Forms Packet as soon as completed and before May 1st. A current physical must be on file before your child can attend the summer program.

PLEASE CHARGE THE FOLLOWING CREDIT CARD

Visa ___ MasterCard ___

Amount to Charge: \$ _____

Account Number

V code

Printed Name: _____

Exp. Date

(Name as it appears on credit card)

____ - ____
Month Year

Signature: _____

V-code is the last 3 digits of the number above your signature on the back.

1/29/16