

South Shore Community Center Nursery School
3 No. Main Street Cohasset, MA 02025
amadden@southshorecommunitycommunitycenter.com

NURSERY SCHOOL LOTTERY FORM

Please register _____ in the
(child's name)

Please rank your choices for class time preference to indicate your first and second & third choices.

Nursery Program: (child must be 3 by November 1st)

2 mornings- Tues. and Thurs. _____
3 mornings - Mon, Wed, Fri. _____
2 afternoons- Mon. and Fri. _____

Pre K Program: (child must be 4 by November 1st)

3 mornings Mon, Wed., Fri. _____
3 afternoons Tues, Wed, Thurs _____

4 Day Enrichment (older 4's)

4 afternoons Mon thru Thursday _____

5 Day Enrichment (children turning 5)

5 mornings Monday thru Friday _____

Mother's Name: _____

Father's Name: _____

Address: _____

e-mail address: _____

Home Phone: _____ work phone: _____

Child's date of birth _____ SSCC Community Center Member _____

Child has a brother or a sister who attended SSCC **Nursery School** _____

sibling's name: _____

All registration forms must be received in the Nursery School office no later than **January 26th at 3:00** along with the \$100 registration fee and a copy of your child's birth certificate. Please make checks payable to SSCC Nursery School. Notices will be mailed to your homes no later than February 10th.

ALL APPLICATIONS WILL BE DRAWN BY LOTTERY!