



87 Edgell Rd.  
Framingham, MA 01701  
508-875-1001  
Director.phns@gmail.com

## Plymouth House Nursery School Application

Please complete this application form for each child you would like to submit an application for to enroll in the **2024-2025 school year** at Plymouth House Nursery School. This form can be returned by email to Jenn Gunnell at [director.phns@gmail.com](mailto:director.phns@gmail.com), mailed to the address above, or dropped off during school hours.

.....  
Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name & Age of Siblings: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_  
\_\_\_\_\_

.....  
Indicate your 1<sup>st</sup> choice and 2<sup>nd</sup> choice of desired schedule for our Morning Program (8:30-11:45am):  
(Refer to Schedule Options form for choices)

	Monday	Tuesday	Wednesday	Thursday	Friday
<b>First Choice:</b>					
<b>Second Choice:</b>					

**Are you interested in Early Drop-Off (8:00-8:30am)?** \_\_\_\_ Yes \_\_\_\_ No

If Yes, please indicate which days:

If 1<sup>st</sup> choice schedule: \_\_\_\_\_

If 2<sup>nd</sup> choice schedule: \_\_\_\_\_

**Are you interested in Stay Day (11:45-1:00pm, 11:45-2:30pm, 11:45-3:30pm)?** \_\_\_\_ Yes \_\_\_\_ No

If Yes, please indicate which days/times:

If 1<sup>st</sup> choice schedule: \_\_\_\_\_

If 2<sup>nd</sup> choice schedule: \_\_\_\_\_

.....  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_