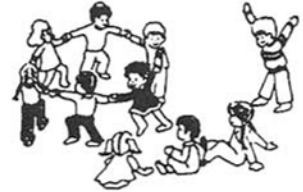




**WILDER MEMORIAL  
NURSERY SCHOOL  
HINGHAM, MASS 02043**  
enrollment application



Child's Name \_\_\_\_\_ Preferred Nickname \_\_\_\_\_

*Please indicate class preference (1st, 2nd, 3rd)*

4 and 5 year olds

(4 by August 31)

5 mornings \_\_\_\_\_

3 mornings (M,W,F) \_\_\_\_\_

4 afternoons (M, T, W, Th) \_\_\_\_\_

3 and 4 year olds

(3 by August 31)

3 morning (M, W, F) \_\_\_\_\_

2 morning (T, Th) \_\_\_\_\_

3 afternoon (T, W, Th) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Name of Parent(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please list members of immediate family (parents, siblings only) who attended Wilder.

\_\_\_\_\_  
Please list any physical limitations and/or allergies of which we should be aware.

\_\_\_\_\_  
Please return card with a \$45.00 registration fee per family to 666 Main Street. Fee is refundable if child is not enrolled.