



## 2018-2019 School Year Enrollment Application

Thank you for your interest in Magic Years Cooperative Nursery School! **To hold your child's spot for the 2018-2019 school year, please complete this form and return it, along with your \$50.00 non-refundable application fee, to the address below.**

As of January 15th, after returning students and eligible siblings have secured their place, new families will be notified of their acceptance first-come, first-served, on a space available basis. **After you have been notified of your child's acceptance, a non-refundable deposit of \$400.00 is due ASAP** to permanently secure your child's place.

The deposit required is applied to final tuition payments in June of the Starfish year. Please note that all new families are required to schedule a visit to our school with their child.

**I/We wish to enroll** \_\_\_\_\_

first	middle	last
Parent/Guardian _____	Home Phone _____	
Address _____	Work \Cell Phone _____	
_____	e-mail _____	
Parent/Guardian _____	Home Phone _____	
Address _____	Work \Cell Phone _____	
_____	e-mail _____	

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

Child must be 2.9 years of age(and potty trained) on or before August 31, 2018.

\_\_\_\_ A non-refundable application fee of \$50.00 is enclosed.

\_\_\_\_ I will call Magic Years to schedule a required visit.

\_\_\_\_ I have already visited Magic Years on \_\_\_\_/\_\_\_\_/\_\_\_\_.

\_\_\_\_ I would like to request information on scholarship aid (Limited aid is available).

\_\_\_\_ A sibling of applicant is currently enrolled at Magic Years and/or we are an Alumni family

**I understand that by signing this form, I am the responsible party for all payments to Magic Years.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Magic Years P.O. Box 215, Chapel Lane, Manchester, MA 01944 (978) 526-4750**