## Spruce Street Nursery School Enrollment Application 2026-2027

Child's Name		Nickname	<u>Gender</u>	
Birthdate				
Address				
			Zip Code	
Home Telephone			•	
Email Address (es)				
Parent's Name			Occupation	
			Telephone	
Parent's Name			Occupation	
			Telephone	
			DivorcedSingle	
Siblings	Bir	thdates and Gender	School Now Attending	
s this your child's first o	 group experience	e?lf no, pleas	se describe the experience:	
			ink Spruce is a fit for your family? (you	
Child's Pediatrician			Telephone	
	Address			
Your Child's Identifying I	nformation:			
			Race	
leight	Weight	ldentifying	g Marks	
<b>~</b>	$\neg$ Please indica	ate in order of preferei	1ce:	
I ME SI	Acorns (2.0-2.9 years)* 8:30AM-1:00 PM			
\$ 1. 8 1. 8 1. 8 1. 8 1. 8 1. 8 1. 8 1.	M, W, F (older 2s) T, TH (young 2s) No Preference			
	Willows (2.10-mid-3s)* 8:30 AM-1:00 PM			
3	· ·		TH, F	
	M W E	IVI, I,	TU	
534 ~	M, W, F T, W, TH <b>Maples</b> (mid-3s to early 4s)*8:30 AM-1:00 PM			
() ()	•	•		
(A)			M-F	
	M-F	4s-5.0 years) <b>* 8:30 AN</b>	M-1:00 PM	
		eptember 1, 2025		
mi i e	•	•	L	
Ylease submit a	•	your child and forward ruce Street Nursery S	l application and fee of \$50.00 to:	
	34	5 Avery Place		
		Boston, MA 02111	1	
Parent(a) Signature(a)			Date.	

 $\ \square$  Please send me information about Tuition Assistance