

**AUBURNDALE COMMUNITY NURSERY SCHOOL I and Too**

230 Central Street  
Auburndale, MA 02466  
617-527-0723

218 Walnut Street  
Newtonville, MA 02460  
617-244-5899

**SUMMER PROGRAM 2017  
APPLICATION & PARENT AGREEMENT**

Child's Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

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

Home Phone #: \_\_\_\_\_ Email Address \_\_\_\_\_

Parent 1 Cell #: \_\_\_\_\_ Parent 2 Cell #: \_\_\_\_\_

Parent 1 Work #: \_\_\_\_\_ Parent 2 Work #: \_\_\_\_\_

\* List any allergies or other medical concerns: \_\_\_\_\_

**PLEASE CHECK OFF YOUR PROGRAM CHOICES FOR EACH WEEK AND RETURN WITH ONE WEEK NON REFUNDABLE DEPOSIT BY 4/14/17. A \$30.00 LATE REGISTRATION FEE WILL BE APPLIED AFTER 5/12/17.**

| Total Due\$ _____   | PLAN 1<br>Monday - Friday<br>9:00-1:00<br>\$250.00 | PLAN 2<br>Mon., Wed. & Friday<br>9:00-1:00<br>\$170.00 | PLAN 3<br>Tuesday & Thursday<br>9:00-1:00<br>\$120.00 |
|---|--|--|---|
| Deposit: \$ _____   |  |  |   |
| Bal. Due: \$ _____  |  |  |   |
| Week 1 – June 5 - 9<br>"Our Neck of the Woods"                                    |  |  |   |
| Week 2 – June 12 - 16<br>"A Pirates Treasure"                                     |  |  |   |
| <b>ACNS Too Closes – ACNS Too students move to Auburndale location</b>            |  |  |   |
| Week 3 – June 19 - 23<br>"Beach Ball Bonanza"                                     |  |  |   |
| Week 4- June 26 – June 30<br>"Under the Big Top"                                  |  |  |   |
| Week 5 – July 3 - 7<br>"Hats off to the Fourth"<br><b>Closed Tuesday July 4th</b> |  |  |   |
| Week 6- July 10 - 14<br>"How Does Your Garden Grow"                               |  |  |   |
| Week 7 – July 17 - 21<br>"Animal Planet"  |  |  |   |
| Week 8 – July 24 – July 28<br>"Sports Extravaganza"                               |  |  |   |

TOTAL\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

\*Flexible daycare available: 8-9 AM and the hours between 1-6 PM daily - billed at \$10.25 hour.  
I understand that in signing my child up for the ACNS Summer Program I am responsible for the tuition of the weeks checked off. I am aware that all payments are non-refundable. **Full payment is due by May 12, 2017 all program changes must be made by this date.**

- \*I give permission to ACNS to allow my child to use the wading pools.
- \*I give permission to ACNS to re-apply sunscreen if my child is staying in the afternoon.
- \*I give permission to ACNS to take my child on walking field trips during the Summer Program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date