



AUBURNDALE COMMUNITY NURSERY SCHOOL
230 Central Street
Auburndale, MA 02466
617-527-0723

SUMMER PROGRAM 2023
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 4/14/23. FULL PAYMENT DUE 5/8/23

Total Due\$ _____	PLAN 1 Monday - Friday 9:00-1:00 \$380.00	PLAN 2 Mon., Wed. & Friday 9:00-1:00 \$228.00	PLAN 3 Tuesday & Thursday 9:00-1:00 \$152.00
Deposit: \$ _____			
Bal. Due: \$ _____			
Week 1 – June 5-9 "SUPERHEROES"			
Week 2 – June 12-16 "DOWN ON THE FARM"			
Week 3 – June 20-23 "DINOSAUR DIG" <i>(ACNS is closed Monday 6/19 in observance of Juneteenth.)</i>	<i>(Week 3: 4-day rate of \$304.00)</i>	X	
Week 4- June 26-30 "OCEAN ADVENTURE"			

TOTAL\$ _____ \$ _____ \$ _____

DAYCARE REQUEST

Please indicate your estimate of the days and hours each day that you will need daycare:

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
HOURS					

Flexible daycare will be available 8-9AM and 1-5:30PM daily - billed at \$16.25 per hour. You will be billed every 2 weeks for any hours used. Daycare is billed as a whole hour, except for the last half hour of the day.

AGREEMENT

*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 8, 2023; all program changes must be made by this date.**

*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