



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



Child's Name _____ Preferred Nickname _____

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

Date of Birth _____

4 and 5 year olds

3 and 4 year olds

Male _____ Female _____

(4 by August 31)

(3 by August 31)

5 mornings _____

3 morning (M, W, F) _____

3 mornings (M, W, F) _____

2 morning (T, Th) _____

4 afternoons (M, T, W, Th) _____

3 afternoon (T, W, Th) _____

Name of Parent(s) _____

Address _____ Telephone _____

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.