

**Nature Center Preschool**  
**At the South Shore Natural Science Center**  
*Child's Enrollment Form*



**Child's Name:** \_\_\_\_\_

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

\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

**Parent/Guardian Information:**

Parent/Guardian 1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/Guardian 1 date of birth: \_\_\_\_\_

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

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Name: \_\_\_\_\_

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

\_\_\_\_\_

Work Telephone: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Child's Schedule:** \_\_\_\_\_ mornings per week

**Signature:** \_\_\_\_\_

**Date of Original Admission:** \_\_\_\_\_

Eye Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_

Sex: \_\_\_\_\_ Weight: \_\_\_\_\_

Age at Admission: \_\_\_\_\_

Primary Language: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Parent/Guardian 2 date of birth: \_\_\_\_\_

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

\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Name: \_\_\_\_\_

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

\_\_\_\_\_

Work Telephone: \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

\_\_\_\_\_ afternoons per week \_\_\_\_\_ ext. days

**Date:** \_\_\_\_\_



South Shore Natural Science Center  
48 Jacobs Lane  
Norwell, MA - 781-659-2559  
ssnsc.org



A South Shore YMCA  
Organization  
ssymca.org