



PO Box 111, 82 Main St.
Maynard, MA 01754
Tel. 978-897-9708

communityschool@verizon.net

ENROLLMENT RESERVATION

Priority will be given to families who return this form by: _____

Please complete this registration form for each child you wish to enroll for the _____ - _____ school year and return to the school office.

Child's Name _____ Date of Birth _____

Please circle the days you desire for your child.

Monday	Tuesday	Wednesday	Thursday
9-12	9-12	9-12	9-12

Are you able to be flexible with your choice of days?

Parent Printed Name _____

Address _____ Phone _____

Email _____

Parent Signature _____ Date _____

For office use only

Registration fee of \$50.00, due with this form. Received _____

Deposit of one tuition payment. Due _____ Received _____