



Community Nursery School
2325 Massachusetts Ave
Lexington, MA 02421
781-862-0741 summercns@cnslex.org

2023 Summer CNS REGISTRATION

Please complete all information below, and print clearly.
Mail, scan & email, or hand deliver to CNS Admin during school day.

Childs Name: _____ Male / Female

Date of Birth: ____/____/____ Age in June 2023: _____

Name of Parent/Guardian: _____

Street: _____ Town: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Please indicate session(s) registration via a checkmark on the line.

K FUN Week: **June 26 - June 29** (Outgoing K only, 1 week, Mon 26 - Thurs 29) **\$265** _____

Session ONE: **July 3 - 13** (Mon 3 - Thurs 6, no 7/4, & Mon 10 - Thurs 13) **\$460** _____

Session TWO: **July 17 - July 27** (Mon 17 - Thurs 20 & Mon 24 - Thurs 27) **\$525** _____

Total Amount: _____

Payment Options (please select one):

___ CNS will send invoice upon confirmation of registration (payable by check or checking account)

___ CNS will send invoice upon confirmation of registration with option to pay by credit card

CHANGES AND WITHDRAWALS

- All money is returned if CNS needs to cancel a session due to low enrollment.
- If you withdraw from a program session by May 1, tuition will be refunded, less a \$40 per program session administrative fee. No refunds will be issued after May 1.

CONSENT

I/We, the parents/guardians of _____ (a) minor(s), hereby consent to his/her participation in the Community Nursery School Summer Program, the taking of photos of my/our children and/ or the use of such photos in the promotion of the program and to his/her use of the Community Nursery School facilities and equipment.

Parent Signature: _____

Print Name: _____ Date: _____

I/We further agree to release Community Nursery School, its officers, employees, directors, agents and attorneys and their heirs, executors, administrators, successors and assigns from and all liability, loss, damage, expense, accident, personal injury or death to the above-named minor(s) in connection with his/her/ their participation in the Community Nursery School Summer Program.

I/We hereby give permission to Community Nursery School to authorize emergency personnel and/or physician(s) at a local hospital to secure proper treatment of my/our children as named above, in the event that Community Nursery School attempts to reach parents are unsuccessful.

I/We agree to abide by CNS policies.

Parent Signature: _____

Print Name: _____ Date: _____

- *Confirmation of enrollment will be emailed. Registration is awarded on a first come, first serve basis. A waitlist will be maintained if registrants exceed spots available for any session.*
- *Intake Forms will be sent by May 15, 2023. Please complete the Intake Form by June 1, 2023.*
- *A current physical must be on file before your child can attend the summer program.*

Please direct all inquiries for 2023 Summer CNS programming to: rblackett@cnslex.org

Thank you!
-CNS Administration