

Dover Nursery School,
PO Box 652, Dover, MA 02030
(508) 785-0252
Director: Shelley Poulsen, L.I.C.S.W.
shelleypoulsen@comcast.net

2007-2008 Morning Enrollment Form: Weekly Schedule Preferences

Child's Name: _____

The school day begins at 8:30 a.m. and ends at 11:30 a.m.

Please circle the days of the week that you would like for your child to attend the morning program. This is a commitment for the entire school year:

Monday Tuesday Wednesday Thursday Friday

Total number of days per week: _____

Please circle the days of the week that would be your second choice for your child's morning schedule. This is a commitment for the entire school year:

Monday Tuesday Wednesday Thursday Friday

Total number of days per week: _____

Enrollment for the Lunch Bunch occurs in the summer.

Parent/ Guardian Signature:

Date: