



Green Meadow Preschool Registration 2015-2016

Child's Name: _____ M/F _____

Date of Birth _____ Age (as of 9/2015) _____

Name(s) of Parent/Guardian: _____

Home Address: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Signature

Date

Please indicate class preference: _____ **Class preference is not guaranteed.**

1/2 day AM

1/2 day PM

Full Day

Return form to: Maynard Public School
Student Services
3 R Tiger Drive
Maynard, MA 01754

If you have any questions please call 978-897-2138