



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

2021 Summer CNS REGISTRATION

Please complete all information below, and print clearly.
Mail, email, or drop in school mailbox.

Childs Name: _____ Male / Female

Date of Birth: ____/____/____ Age in June 2021: _____

Name of Parent/Guardian: _____

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

Email: _____ Phone: _____

Pricing: \$500 per two-week session. Each session runs Monday - Thursday from 9:00 AM - 1:00 PM.

Please indicate session(s) sign-up via a checkmark on the line.

Session One: June 21 - July 1 _____

Session Two: July 5 - July 15 _____

Session Three: July 19 - July 29 _____

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 half or more of a session is cancelled unexpectedly due to Covid/quarantine, 50% of the session tuition will be refunded.
- 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.*
- *Intake Forms will be sent by April 1, 2021. Please complete the Intake Form by May 1, 2021.*
- *A current physical must be on file before your child can attend the summer program.*

Please direct all inquiries for 2021 Summer CNS programming to: summercns@cnslex.org.

Thank you!
-CNS Administration