



71 Henry Street, PO Box 9656, North Amherst, MA 01059-9656

Phone/Fax 413-549-1167

www.cushmanscott.org

Application Date (For Waitlist Purposes): _____

Desired Admission (Month/Year): _____

Child's Name: _____ Birth Date: _____

Parent Name: _____ Parent Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

E-Mail Address: _____

School Year: September – July / Closed in August

A three-day minimum is required as it is in the best interest of your child's social development.

_____ South Room (18 months – 2 years, 9 months)

Day	Monday	Tuesday	Wednesday	Thursday	Friday
1:00					
3:30					

_____ North Room (2 years, 9 months – 3 years, 9 months)

Day	Monday	Tuesday	Wednesday	Thursday	Friday
1:00					
3:30					
5:30					

_____ Upstairs Room (3 years, 9 months – 5 years)

Day	Monday	Tuesday	Wednesday	Thursday	Friday
1:00					
3:30					
5:30					

Fees: Please include a non-refundable \$25.00 application fee (per child) and return the application to the address above. This application fees enables you to have your child on our waiting list, but does not guarantee admission. Upon admission a Parent Contract will be prepared and a \$50.00 processing fee plus a \$250.00 deposit will be required.