

Child Registration Form

The Ridge Hill School

Child's Name: _____

Parent Name: _____ Parent

Name: _____

Email: _____

Phone: _____

Date of Birth: _____

Circle Program Choice

Am Preschool Pm Preschool Am Pre-k

Pm Pre-k

Am K Pm K or Full day K

Days Desired:(check off)

M_____ T_____ W_____ TH_____ F_____

Hours

Am 8:00-12:30 Preschool and Pre-K

Pm 12:45-4:00 Preschool and Pre-k

AM K 8:00-12:30 Pm K 12:45-4:00

Full day option 7:30-4:00

Email to : ridgehill@comcast.net

Mail: PO Box 134 Norwell Ma 02061