

## 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 7:30-4:45

Email to : [ridgehill@comcast.net](mailto:ridgehill@comcast.net) / Mail: po box 134 Norwell Ma 02061

