



(781) 326-4193

[info@stpaulsnursery.org](mailto:info@stpaulsnursery.org)

A child entering the “Stars” class must be 2.9 years old. A child entering the “Rockets” must be 3.9 years old. Application and a nonrefundable application fee of \$50.00 should be mailed to:

Admissions, St. Paul’s Nursery School  
P.O. Box 444  
Dedham, MA 02027

Applications will be accepted on a first come first serve basis according to postmark date with the exception of siblings, who will take priority. *Applications will not be taken over the phone.*  
**Note:** Applications, reviewed on a rolling basis throughout the year, will not be accepted for more than one year in advance of the admissible age of the child. Parents applying for the Rockets class will be notified of their child’s admission standing in early April; in some cases, it may be earlier if it is clear that a spot will be available.

**Tuition:** Tuition is currently \$5,500.00 for 5 days a week and \$5250.00 for 3 days a week. An \$800.00 deposit will be required upon acceptance to St. Paul’s Nursery School. Tuition is determined by May 1<sup>st</sup> for the upcoming year.

The Department of Early Education and Care requires that each child be examined by a family physician before entering school. These health regulations will be followed explicitly, and the medical form must accompany the child prior to the first day of school in September.

Please let us know immediately if you decide at any point not to continue the admission process or to withdraw your child, even if only from the waiting list, once he or she has been admitted.

St. Paul’s Nursery School does not discriminate in providing services to children or families, or in employment practices, on the basis of race, religion, age, sex, cultural heritage, national origin, political beliefs, sexual orientation, marital status or disability.

**Parent Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## ST. PAUL'S NURSERY SCHOOL APPLICATION FORM

Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_

Birthday (MM/DD/YEAR): \_\_\_\_\_ Sex: M F

Age by September 1: \_\_\_\_\_ Applying for (circle one): Stars Rockets

For 3 day program, please circle days requesting: Mon Tues Wed Thurs Fri

Child's Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Family E-Mail: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

If child has a Guardian, please provide Guardian's name and address below:

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Nursery School your child previously attended and when: \_\_\_\_\_

Does your child have special needs? \_\_\_\_\_

Siblings Names and Ages: \_\_\_\_\_

Does the applicant have a sibling who has attended St. Paul's? \_\_\_\_\_

Name of sibling: \_\_\_\_\_ Year attended: \_\_\_\_\_