

Our Purpose

Magic Years Nursery School has been created to provide a wholesome atmosphere for pre-school children where they can develop to their potential socially, creatively, emotionally and educationally. Each child is able to pursue a variety of creative experiences independently or in groups according to his/her own interests and maturity.

Our Philosophy

We respect each child as a person with an innate desire to learn. We encourage children to develop good feelings about themselves and other people. Children learn best and remember longest that which involves them actively, especially when the activity is an extension of themselves.

Our Program

The program is set up according to the way play relates to a child's development and consists of the following major groups.

Exercise: Physical activity exercises the large muscles and helps children achieve control of their body and spatial awareness. Physical success gives them confidence which carries over into other non-physical activities.

Fantasy and Dramatic Play: This is included in housekeeping toys, dolls, animals, blocks and transportation toys. Through these objects, our children try out various roles and imitate life as they have experienced it. They gain a better understanding of themselves and the world around them.

Creative Play: Art materials of all kinds involve children in the immensely rewarding creative process and give them an opportunity to exercise their imagination and express originality.

Cognitive Play: Construction toys, matching and shape sorting games develop manipulative and cognitive skills to read and to count.

MAGIC YEARS NURSERY SCHOOL

196 Elm Street
Braintree, MA 02184
(781) 843-8435
Located at All Souls Church
www.magicyearsnurseryschool.org



Celebrating 45 Years

Director Deborah Culkin

Serving Children
2 years 9 months and older

Established 1982

Hours: 8:15-4:00

Magic Years Nursery School
196 Elm Street, Braintree MA, 781-843-8435
www.magicyearsnurseryschool.org
magicyearsnurseryschool@verizon.net

Child's Name: _____

Birthday: _____ Telephone: _____

Parent(s) Name: _____

Email: _____

My child will be _____ years _____ months (i.e. 3 years 7 months) as of [9/1/2027](#)

Please Circle

Days: [MWF](#) or [M-F](#) 8:15 Early Drop

Times 9-1 (Lunch Bunch) or 9-2:30 or 9-4
or

Days: [TTH](#) 8:15 Early Drop

Times 9-12 or 9-1 (Lunch Bunch) or 9-2:30 or 9-4

Pre-K Math Magic

Monday or Tuesday

Pre-K Ready Set Read

Wednesday or Thursday

Early Drop Off: A special service for our parents wishing to bring their children to school early.

Lunch Bunch: 12:00-1:00 Children should bring a sandwich and a drink for a relaxed lunch followed by free play and a story.

Extended Day: 1:00-2:30 or 4:00 Available Monday - Friday. Includes Lunch Bunch. A strong emphasis on socialization. Your child will have the opportunity to participate in age-appropriate activities including art projects, creative play, stories, and outdoor play.

Eligibility: Enrollment is limited to children ages 2.9 years through 5 years.

Math Magic & Ready Set Read: 12:00-2:30 Kindergarten readiness programs offered to our students in the Pre-K classes.

Registration

A non-refundable fee of \$80.00 is required to ensure enrollment and is payable with the application. Please return this application with the registration fee



CHILD'S FACE SHEET/ENROLLMENT FORM**Enrollment Date** _____**CHILD'S INFORMATION**

Child's Name: _____
Date _____ of _____ Birth: _____
Home Address: _____
Telephone: _____

Place of Birth: _____
Primary Language: _____
Email address: _____
Cell Phone #: _____

Child's Identifying Information (required by the Office for Childcare Services):

Eye Color: _____ Hair Color: _____ Sex: _____
Height: _____ Weight: _____ Skin Color: _____
Identifying Marks: _____
Allergies: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____	Parent/Guardian Name _____
Relationship _____	Relationship _____
Home Address _____ (Street, city & zip code)	Home Address _____ (Street, city & zip code)
Home Telephone # _____	Home Telephone # _____
Bus. Name _____	Bus. Name _____
Bus. Address _____	Bus. Address _____
Bus. Telephone # _____	Bus. Telephone # _____
Hours at Work _____	Hours at Work _____

If parents cannot be contacted, notify: (include names on emergency release form)

Name _____	Name _____
Address _____	Address _____
Relationship _____	Relationship _____
Telephone # _____	Telephone # _____

DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION

CHILD'S NAME _

DATE OF BIRTH _

HEALTH

Any known complications at birth? _____
Serious illnesses or conditions, Operation? _____
Special physical disabilities? _____
Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: _____
Regular medications: _____

EATING HABITS

Special characteristics or difficulties: _____
Favorite foods: _____ child eats with hands _____ spoon _____ fork _____
Child drinks from cup _____ sippy cup _____
Foods refused: _____

TOILET HABITS

How does child indicate bathroom needs (include Special words) _____
Is child ever reluctant to use the bathroom? _____
Does child have accidents? _____

SLEEPING HABITS

Does child become tired or nap during the day (include when and how long)? _____
When does child go to bed at night? _____ get up in the morning? _____

SOCIAL RELATIONSHIPS

How would you describe your child: _____
Previous experience with other children: _____
Reaction to strangers: _____ Able to play alone: _____
Favorite toys and activities: _____
Fears (the dark, animals, storms, etc.) _____
How do you comfort your child: _____
What is the method of behavior management/discipline at home: _____

What would you like your child to gain from this child care experience?

Is there anything else you would like us to know about your child?

List other family members.

ADDITIONAL INFORMATION

Child's Physician: _

Address: _____ Phone Number: _____

Allergies/Special Diet: _____

Individual Health Plan for child with a chronic health condition? If yes, please attach. _____

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?
If yes, please attach. _____

Special limitations or concerns? _____

Magic Years Oral Health Care Policy



No I don't want my child to brush teeth

Signature: _____

If you have any questions or concerns , please see the office.

Transportation Plan and Authorization

My child will arrive at the program by

My child will depart from the program by

Parent drop off _____

Other _____

Parent pick up _____

Other _____

Parent/Guardian Signature _____

Date: _____

Refer to First Aid and Emergency Medical Care Consent Form for Release Information

FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name:

Date of Birth: _

I authorize staff at the Magic Years Nursery School who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Child's Physician Name: _

Address: _____

Phone Number: _____

Child's Allergies: _

Chronic Health Conditions: _____

Emergency Contacts (In order to be contacted)

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ CellPhone: _____

Do you give permission for the child to be released to this person? Yes _____ No _____

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for the child to be released to this person? Yes _____ No _____

Name: _____

Address: _____

Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Do you give permission for the child to be released to this person? Yes_____No _____

Health Insurance coverage:_____Policy#_____

Parent/Guardian Name:_____Phone:_____Cell:_____

Parent/Guardian Name:_____Phone:_____Cell:_____

Parent/Guardian Signature:_____Date:_____

School Participation Authorization and Payment Agreement

1. I hereby grant permission for my child to use all of the play equipment and participate in all school activities.
2. I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.
3. The school will not be held responsible for anything that may happen as a result of false information given at the time of enrollment.
4. I agree to pay the yearly tuition divided into 10 payments or will make other arrangements with the directors to satisfy this financial obligation.
5. I agree to give a 30 day notice if withdrawal of my child is necessary. If this 30 days notice is not given I will pay the next installment of the tuition. **I understand that all fees and tuition are non-refundable.**

Signed_____ (Parent/Guardian)

Signed_____ (Parent/Guardian)

Signed_____ (Witness)

Please attach a current physical plus immunization record, including a lead screening and varicella vaccine.

Dear Parent(s), Please thoroughly review the Parent Handbook which contains the policies and procedures for Magic Years Nursery School. After reading the handbook, please complete this form and return it to the school at orientation. This form will be kept in your child's file for the duration of the school year. Thank you, in advance, for your attention to this matter.

**I, _____
(print your name) the parent of**

**_____
(print your child's name), hereby acknowledge receipt of Magic Years Nursery School's Parent Handbook. I have read and agree to adhere to all the policies and regulations set forth in the handbook.**

Parent Signature

Date _____