

## 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](http://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

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

Birthday: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Email: \_\_\_\_\_

My child will be \_\_\_\_\_ years \_\_\_\_\_ months (i.e. 3 years 7 months) as of [9/1/2026](#)

**Please Circle**

**Days: TTH or MWF or M-F**

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

**Early Drop 8:15**

**Pre-K Math Magic**  
**Monday or Tuesday**

**Pre-K Ready Set Read Wednesday or**  
**Thursday or Friday**

**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**

Eligibility for 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 \$65.00 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 Telephone # \_\_\_\_\_  
Home Address (Street, city & zip code) 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 Does child have reluctant to use the bathroom? \_\_\_\_\_  
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?

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

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List other family members.

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**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 \_\_\_\_\_

Parent pick up \_\_\_\_\_

Other \_\_\_\_\_

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 nonrefundable.**

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 \_\_\_\_\_**