



Registration for Enrollment at Roots and Wings School 2026-2027

Child's Legal Name: _____
(First) (Last) (Nickname if Applicable)

Child's DOB: ____/____/____ Age: ____ Gender: ____

Child's Home Address: _____

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| Parent/Guardian: _____ Email: _____ Phone: _____ Address: _____ _____ | Parent/Guardian: _____ Email: _____ Phone: _____ Address: _____ _____ |
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Please Indicate the service(s) your child will need:

****ALL STUDENTS MUST BE POTTY TRAINED**

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| <u>Class</u> (select 1): <input type="checkbox"/> Pre-K 3 (Age 3 by Sept. 30th) <input type="checkbox"/> Pre-K 4 (Age 4 by Sept. 30th) <input type="checkbox"/> Kindergarten (Age 5 by Sept. 30th) <input type="checkbox"/> First Grade (Age 6 by Sept. 30th) | <u>Full Day School Days</u> (select 1): <input type="checkbox"/> 2 School Days: T Th <input type="checkbox"/> 3 School Days: M W F <input type="checkbox"/> 5 School Days: M-F <small>(Recommendation for Kindergarten and 1st Grade)</small> | <u>Extended Care</u> (select all that apply): <input type="checkbox"/> Before Care (7:00-8:15): M T W Th F <input type="checkbox"/> After Care (1:45-5:30): M T W Th F |
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School Registration Fee: \$50.00

School Supplies Fee: \$125.00

Fee **MUST** be submitted with application to secure your child's spot or billed to Brightwheel. Checks can be made payable to Roots And Wings School and mailed to PO Box 540 New Boston NH 03070. **Fees are non refundable.**

✕ _____
 (Signature) _____
(Date)

FOR OFFICE USE: Amount: _____ Date: _____ Check #: _____ or Brightwheel