

Elizabeth Garreffi, Early Childhood Coordinator (978) 779-0539 x3008

Preschool Application for Enrollment

School Year: September 2019 – June 2020

Please return this application by January 18, 2019.

| Child's Name | | | | _DOB | | |
|--|---|--|------------|-----------|---------|--------|
| Address_ | Middle | Last T | own | | | |
| Parent/Guardian Name | Child's Place of Birth | | | | | |
| | Cell or Work Phone # | | | | | |
| Please select a program that best m first choice, we will make every effor | • | | nat you ar | e not gua | ranteed | d your |
| PRIORITIZE YOUR TOP | 3 CHOICES WIT | TH #1 BEING YOUR | R FIRST (| CHOICE | E, ETC | |
| Five Day / Full Day Class | (Mon. – Fri.) 8:4 | 5 – 2:15 | | Stow | | |
| Three / Half Day Class (AM) | (Tues., Wed., Th | nurs.) 8:45 – 11:15 | | Stow | | |
| Five / Half Day Class (AM) | (Mon. – Fri.) 8:4 | -5 – 11:15 | | Bolton | | |
| Three / Half Day Class (PM) | (Tues., Wed., Th | urs.) 11:45 – 2:15 | | Bolton | | |
| Three / Half Day Class (AM) | (Tues., Wed., Th | nurs.) 8:45 – 11:15 | | Lancaste | er | |
| Three / Half Day Class (PM) | (Tues., Wed., Th | urs.) 11:45 – 2:15 | | Lancaste | er | |
| Parent's Signature | | Date | | | | |
| 50 | Nashoba Region Mechanic Street Linda Milton / | Open House or send nal School District r, Bolton, MA 01740 Integrated Preschool | ls | | | |
| I wish to apply for o | | XY FORM Integrated Preschool | ols for 20 | 19/2020 | | |
| Child's Name | | | _ D.O.B. | /_ | /_ | |
| First | Middle | Last | | | | |
| Age as of August 31, 2019 year | rs old. Parent's l | Name: | | | | |
| Contact Phone # | | Cell# | | | | |
| Town of Residence: | | _ | | | | |