DATE RECEIVED

**ERDMAN PRESCHOOL APPLICATION FORM 2020-2021**

**Location**: 330 First Parish Road, Scituate, MA 02066 **Phone**: 781-545-9309 **Email:** erdmanpreschool@verizon.net

Name of child: Sex: M F

Home address: Nickname:

 Date of Birth:

City, State, Zip Home Phone:

Email:

Parent/Guardian’s name: Occupation:

Business Address Reachable Phone:

Parent/Guardian’s name: Occupation:

Business Address: Reachable Phone:

Child’s previous school/camp experience (place & date):

Names and ages of other children in your family:

Have any members of your family (other children, parents) attended Erdman?

Indicate your first **and** second choice for enrollment by number (#1, #2, etc.).

You may register for Lunch Bunch and Extended Day Options on the attached sheet.

|  |  |  |  |
| --- | --- | --- | --- |
| **Three Year Old** | Wed & Fri AM9-11:30 | M/T/Th AM9-11:30 | M/W/F PM Older 31-3:30 |
| 2 years 9 months by Sep 1st |  |  |  |
| 3 years old by Sep 1st |  |  |   |
| 3 ½ years old by Sep 1st |  |  |  |
|  |  |  |  |
| **Four Year Old Pre-K:** | M/W/F AM9-11:30 | M/T/Th AM9-11:30 |  |
| (4 by Sep 1st) |  |  |  |
|  |  |  |  |
| **Older Four Pre-K:** | Tue-Fri AM9-11:30 | Children who have completed a Four year old class and would benefit from an additional year of growth and development before Kindergarten  |
|  |  | will be given preference in this class. Young fours may be considered later in the year on a chronological basis if space is available. |
|  |  |  |

Please tell us your expectations for your child’s preschool experience. Include information you feel will help us plan a program of interest for your child (use other side).

\* A $75.00 non-refundable deposit is required with this application.