

DATE RECEIVED \_\_\_\_\_

**ERDMAN PRESCHOOL APPLICATION FORM 2017-18**

**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: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Marital Status \_\_\_\_\_

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.):

Three Year Old	Wed & Fri AM	M/T/Th AM	MWF PM Older 3
2.9 by Sep 1 <sup>s</sup>			
3.0 by Sep 1 <sup>st</sup>			
3.5 by Sep 1 <sup>st</sup>			

Four Year Old Pre-K:	M/W/F AM	M/T/Th AM
(4 by Sep 1 <sup>st</sup> )		

<b>Older Four Pre-K:</b>	Tue-Fri AM	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 until January 15. If spaces become available after January 15, children from the Older Threes class will be considered.
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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 \$50.00 non-refundable deposit is required with this application.

My Computer/Erdman Folder/Information for Mailing with Brochure/ application form 2017-18

<input type="checkbox"/>	Reg Fee	\$___	check or cash
<input type="checkbox"/>	Data Base		
<input type="checkbox"/>	Quick Books		