

DATE RECEIVED _____

ERDMAN PRESCHOOL APPLICATION FORM 2018-2019

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's name: _____ Occupation: _____

Business Address _____ Phone: _____ Cell: _____

Parent'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 ^s			
3.0 by Sep 1 st			
3.5 by Sep 1 st			

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

Older Four Pre-K:	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 2018-2019

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