

MAPLEWOOD ENRICHMENT CENTER - PRESCHOOL PROGRAM - 2016 / 2017

P.O. Box 88 * South Easton, MA 02375 * 508-238-2387

info@maplewoodyearround.com

Age as of September 1, 2016: ____ years ____ months

Child's Name _____ Male ____ Female ____ Date of Birth ____/____/____

Home Address _____ City _____ State _____ Zip Code _____

Home Telephone _____ Primary Email Address _____

Allergies / special diets _____

Parent / Guardian Information:

Parent / Guardian Name _____ Relationship to child _____ Home address _____ Home Telephone # _____ Cell Phone # _____ Business Name _____ Business Address _____ Business Phone # _____ Hours at work _____

Please list the names and birth dates of siblings of the Preschooler:

_____/____/____ _____/____/____

Child's History:

Has your child attended school/program prior to Maplewood Preschool? ____ Yes ____ No

If Yes, what is the name of the school/program? _____

Are there health issues or fears the Maplewood staff should be aware of? _____

Are there family situations or concerns the Maplewood staff should be aware of? _____

Please describe any developmental history of your child which may be relevant _____

Maplewood Preschool: ____MWF (3 days), ____ TR (2 days) \$200 non-refundable / non-transferable deposit required with application. \$100 for enrolling Preschoolers

For Office Use: Application # ____ Date Received _____ / Date Deposit Received _____ Check # _____