

MAPLEWOOD ENRICHMENT CENTER - PRESCHOOL PROGRAM - 2012 / 2013

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

info@maplewoodyearround.com

Age as of September 1, 2012: ____ 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 _____ Parent / Guardian Name _____

Relationship to child _____ Relationship to child _____

Home address _____ Home address _____

Home Telephone # _____ Home Telephone # _____

Cell Phone # _____ Cell Phone # _____

Business Name _____ Business Name _____

Business Address _____ Business Address _____

Business Phone # _____ Business Phone # _____

Hours at work _____ 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: ____ M-F (5 days), ____ MWF (3 days), ____ TR (2 days)

A \$200 non-refundable deposit is required with your application. (\$100 for returning students)

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

Payment Plan: ____ 4 payments (September, October, November, December 2012)

____ 6 payments (Sept., Oct., Nov., Dec. 2010, Jan., Feb., 2013)

____ 9 payments (Sept., Oct., Nov., Dec. 2010, Jan., Feb., Mar., April, May, 2013)