



Pelham Preschool
 Pelham Elementary School
 45 Amherst Road, Pelham MA 01002
 (413)362-1100



Enrollment Application 2018-2019

Child's Full Name: _____ Date of Birth: _____ Gender: _____
 Parent(s)/Guardian(s) Name(s): _____
 Address: _____ Phone Number(s) _____
 Email address: _____ ***Please print in all areas**

This is a five-day, full time program. There are options for three or four days as well.

_____ I am interested in a full-time, five-day per week program.

If you are not interested in a five-day program, please indicate your top three choices for days below.

Please place an "X" in the relevant boxes to indicate your choice for a schedule for the 2018-2019 school year:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|--------|---------|-----------|----------|--------|
| First Choice | | | | | |
| Second Choice | | | | | |
| Third Choice | | | | | |

We will do our best to accommodate your first choice preference. If there are more requests for slots than we can provide, we will use the second and third choices made by families. Families that have been previously enrolled will have priority in enrollment choices. Families will receive a confirmation letter with a contract to sign at the end of the first full week of March. The preschool will be open, by appointment, for families to visit in the spring.

This program runs from 9:00 a.m.-3:30 p.m. We are looking for input from families as to their needs for before and after school care programs.

_____ I am looking for before school care
 _____ I am looking for after school care

Please describe previous daycare or school experiences:

Describe your child briefly:

Please identify any questions that you may have about the program:

We want your input! What are you looking for in your child's preschool experience?

Parent Signature(s) _____

Please return this application to Lisa Desjarlais by March 1st, 2018. Applications will be accepted on a rolling basis as spaces are available. A deposit will be due when parents/guardians are notified of acceptance into the program. Please call Lisa Desjarlais at (413)362-1101 or email desjarlaisl@arps.org if you have any questions. Visit the Pelham School website at <http://pe.arps.org/> for more information on the preschool.

Note: Children must be a minimum of at least 2.9 years old on or before September 1st, 2018 to be considered.
 Pelham Elementary School • 45 Amherst Road Pelham, Massachusetts 01002 • (413) 362-1100