



ACADEMY OF EARLY LEARNING

1 Place Terrace, Greenfield, MA 01301

Ph: 413-772-1390 / Fax: 413- 772- 1337

Date received: _____

PRESCHOOL ENROLLMENT APPLICATION

I. CHILD INFORMATION

- 1. Child's Name: First Middle Last
2. Birth Date: Month / Day / Year Age: Gender: M or F (circle one)
3. Home Address: Street Apt. # Town / State
4. Has your child attended a prior day care or preschool program?
5. Is your child currently on an Individual Education Plan?
6. With whom does the child live?

II. FAMILY INFORMATION We understand and welcome that we have many types of families.

PARENT / LEGAL GUARDIAN

PARENT / LEGAL GUARDIAN

Name Address Home Phone Cell Phone Email Place of employment

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III. YOUR NEEDS Please rate in order of preference. (Put "1" by your first preference, "2" by your second, etc.) Preference is pending based on slot availability

- Full day preschool program (Monday - Thursday, 8:30 a.m. to 2:55 p.m., Friday, 8:30 a.m. to 11:15 a.m.)
AM preschool program (Monday - Friday, 8:30 a.m. to 11:15 a.m.)
PM preschool program (Monday - Thursday, 12:15 p.m. to 2:55 p.m.)

IV. TUITION INFORMATION

Our preschool programs are tuition-based. Tuition is on a sliding scale, depending on household income. If you would like to be considered for free/reduced tuition, you will provide one month's income documentation (for example, paystubs), and we will determine your child's tuition.

V. TRANSPORTATION: Transportation is the responsibility of the individual parents/guardians of the children.

NOTE: If there are no openings in the Greenfield Public Schools preschool, your child will be placed on a waitlist, and suggestions for other preschool programs will be made available to you.

Signature of Parent/Legal Guardian Date: