



ACADEMY OF EARLY LEARNING

Terrace, Greenfield, MA 01301

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

Date received: _____

PRE-REGISTRATION FORM

I. CHILD INFORMATION

- 1. Child's Name: _____
2. Birth Date: _____ Age: _____ Gender: M or F (circle one)
3. Home Address: _____
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 _____

Name _____
Address _____
Home Phone _____
Cell Phone _____
Email _____
Place of employment _____

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

- 1. _____ 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.)
2. Do you need after school care? Wrap Care services are available for a fee. Please check off if you are interested in:
After School Monday-Thursday: _____ 3:00 p.m. to 4:00 p.m. *Wrap Care services available pending staffing.

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: _____