Carmelite Sisters'
Holy Childhood Preschool
5 Wheatland Street

978-531-4733 * Fax: 978-531-2468

APPLICATION FORM FOR ADMISSIONS
For School Year 2017 - 2018

Parent's Name

Child's First Name **Middle Name** **Last Name** **boy** **girl**

Home Address **City/ Town** **Zip Code**

Home Phone **Work Phone**

Date of Birth **Present School**

Please list any siblings who are attending, have attended or anyone affiliated with our preschool.

Please check the Program for which you are applying:

Programs for 3-Year Olds

_____***Two Day (Tues./Thurs) child must be 3 by Sept. 1**

_____***Three Day (Mon., Wed., Fri.) child must be 3 by Sept. 1**

Programs for 4-Year Olds

_____***Three Day (Mon., Wed., Fri.) child must be 4 by Sept. 1**

_____***Four Day (Mon., Tues., Wed., Fri.) not Thurs. must be 4 by Sept. 1**

_____***Five Day (Mon. – Fri.) child must be 4 by Sept. 1**

****Will you need extended day? Yes_____ No_____ Maybe_____**

In January, you will be notified as to whether or not your child has been accepted. This acceptance is determined according to availability of space that is determined by the State Office for Children. This is <u>not</u> a Registration Form.

For Office Use: Date Returned: _____