



2019 – 2020
Application for Easton Public Schools Preschool
RETURN THIS FORM BY February 11th

CLASS PREFERENCE

Please number your preferences (1st choice, 2nd choice, 3rd choice, etc.)

	_____ 5 day, full day	\$4,000 yearly
	(Mon through Fri 8:45 – 1:45)	
<u>Parkview</u> <u>School</u>	_____ 5 day, morning class	\$2,800 yearly
	(Mon through Fri 8:45 – 11:15)	
	_____ 4 day, afternoon class*	\$2,250 yearly
	(Mon through Thurs 12:15 – 2:45)	

	_____ 5 day, full day	\$4,000 yearly
	(Mon through Fri 8:45 – 1:45)	
<u>Moreau</u> <u>Hall</u>	_____ 5 day, morning class*	\$2,800 yearly
	(Mon through Fri 8:45 – 11:15)	
	_____ 4 day, afternoon class*	\$2,250 yearly
	(Mon through Thurs 12:15 – 2:45)	

* PLEASE NOTE THE TIME AND DAY CHANGES FROM LAST YEAR'S PROGRAMMING

(We do our best to accommodate preferences. Applications will be taken on a first come, first serve basis. Tuition payments can be paid quarterly.)

CHILD INFORMATION

Child's First Name: _____ Middle Name: _____

Last Name: _____

Date of Birth: _____ Place of Birth: _____

Primary Phone: _____ Phone 2: _____

Address: _____

*Turn over to complete back

MEDICAL INFORMATION

Pediatrician Name: _____ Pediatrician Phone: _____

Pediatrician Address: _____

Does your child have any allergies? _____

Does your child have any health concerns? _____

FAMILY INFORMATION

Parent/Guardian's Full Name: _____

Occupation: _____

Place of Work: _____

Cell Phone: _____

Email Address: _____

Parent/Guardian's Full Name: _____

Occupation: _____

Place of Work: _____

Cell Phone: _____

Email Address: _____

Siblings [Name(s)/Age(s)]: _____

Current School (if any) _____

Current Teacher's Name (if any): _____

What skills do you hope your child acquires during the coming year?

Signature of Parent/Guardian: _____

Kelly Moroso, Early Childhood Coordinator

Parkview School

Please return to: 50 Spooner St.

North Easton, MA 02356

kmoroso@easton.k12.ma.us