

SCITUATE PUBLIC SCHOOLS



Early Childhood Center

606 Chief Justice Cushing Hwy.
Scituate, MA 02066
781-545-8775
FAX 781-545-6291

PRESCHOOL (PM) APPLICATION
(4 Yrs. By Sept. 1)

Date: _____

Child's Name: _____ Nickname: _____
(Last) (First) (Initial)

Address: _____

Telephone: (home) _____ (cell) _____

E-Mail Address: _____

Date of Birth: _____

Father's Name: _____ Occupation: _____

Mother's Name: _____ Occupation: _____

Marital Status: Married - Both parents employed Yes No

Single - Employed Yes No Separated Divorced Widowed

Primary Language spoken in home: English Other (specify): _____

Siblings (age & current school): _____

Is child currently enrolled in a program? Permission to speak with director of program? _____

Other school or group experiences: _____

Does your child have any speech difficulties? Yes No

Describe: _____

Have any siblings attended this program? _____

School District in which you reside: Cushing Hatherly Wampatuck Jenkins

Are there any extenuating circumstances or special concerns that you would like to tell us? _____

Parent Signature: _____