

35 FAIR ACRES DR., MARSTONS MILLS, MA 02648 PH (508) 420-3288 FAX (508) 420-1710

www.fairacrescapecod.com

PRE-SCHOOL (3 & 4 YEAR OLDS) APPLICATION FOR ENROLLMENT

Date of Admission	Age at Admission	_
Child's Name	Primary Language	
Date of BirthAddress	Place of Birth Home Tel. Number E-Mail Address	
Parent's Name:		
FatherAddress	MotherAddress	
Home Tel. Bs Tel Bs Address Cell Phone	Home Tel Bs Tel Bs Address Cell Phone	
If parent cannot be contacted: NOTIFY:		
1. NameAddress	Relationship Tel Number	
2. NameAddress	Relationship Tel Number	
Child's Physician/Clinic	Tel Number	
List any allergies/medical conditions		
Identifying Information: Eye Color Hair Color Ht. Identifying	Sex Race	
	ogram, Days & Departure Tim	
3 YEAR OLD PROGRAM Preschool 12:0 (2 Day Program T/TH, 3 Day Program M/W/F, or 5 Day Prog	OO Preschool & Ext. I ram M-F) MON TUES V	Day3:305:30 VED THURS FRI
PRE-K PROGRAM Preschool 12:3 (Three day minimum, any combination) Please Circle Day Preschool	Preschool & Ext. I ferences MON TUES	Day3:305:30 WED THURS FRI
PRE-K FULL TIME 5 DAY PROGRAM	3:00	5:30
PARENTS SIGNATURE_ (\$65.00 Application Fee is due upon enrollment: This fee holds	DATE	
(\$65.00 Application Fee is due upon enrollment: This fee holds	s your child's place on our roster and is	non-refundable).