

Academy of Early Learning • Greenfield Public Schools
PRE-REGISTRATION FORM

Date received:

I. CHILD INFORMATION

1. Child's Name: _____
 First Middle Last
2. Birth Date: _____ Age: _____ Sex: M or F (circle one)
 Month / Day / Year
3. Home Address: _____
 Street Apt. # Town / State
4. Has your child attended a prior day care or preschool program?
 ___ Yes ___ No If yes, where? _____
5. Is your child currently on an Individual Education Plan? ___ Yes ___ No
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 _____ | Name _____ |
| Address _____ | Address _____ |
| Home Phone _____ | Home Phone _____ |
| Cell Phone _____ | Cell Phone _____ |
| Email _____ | Email _____ |
| Place of employment _____
<i>(Please put 'unemployed' if currently not working.)</i> | Place of employment _____
<i>(Please put 'unemployed' if currently not working.)</i> |

(Optional) Do you currently have a family member serving in the armed services? ___ Yes ___ No

III. YOUR NEEDS Please rate in order of preference. (Put "1" by your first preference, "2" by your second, etc.)

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 before/after school care? **Wrap-around services are available for a fee.** Please check the times you are interested in:
Mornings: ___ 7:30 – 8:30 a.m. **After School M-Thursday:** ___ 3:00p.m. – 4:00 p.m. ___ 3:00p.m. – 5:30 p.m.
After School Fridays: ___ 11:15 a.m. – 3:00p.m: ___ 11:15a.m. – 4:00p.m. ___ 11:15 a.m. to 5:30p.m.

IV. TUITION INFORMATION

Our preschool programs are tuition-based. Tuition is on a sliding scale, depending on household income. At registration, 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 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: _____

► Mail this completed application to: Academy of Early Learning, One Place Terrace, Greenfield, MA 01301

Academy of Early Learning Phone: (413) 772-1390 • FAX 772-1337

Revised June 2017