



Explore, Dream, Discover

## Preschool Application Form

We are no longer accepting applications for the 2021-2022 school year. To get on our waitlist please complete this form and return to the preschool.

PLYMOUTH EARLY CHILDHOOD CENTER  
117 LONG POND ROAD • PLYMOUTH, MA 02360

### CHILD INFORMATION

**Child:**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Present Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Male  Female

**Parent/Guardian:**

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home/Cell Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Siblings:**

Sibling Name	Birthdate	School
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total # in Family:** \_\_\_\_\_

Have any of the siblings attended the Plymouth Public Preschool in the past: Yes  No

If yes, who/when?: \_\_\_\_\_

District Assigned School: \_\_\_\_\_

Is your child currently attending school/childcare: Yes  No  If yes, where? \_\_\_\_\_

How many days and hours per week? Days: \_\_\_\_\_ Hours: \_\_\_\_\_

### SESSION SELECTION

Please indicate the number of days interested in by 1<sup>st</sup> choice, 2<sup>nd</sup> choice and 3<sup>rd</sup> choice:

**AM Session:** \_\_\_\_\_ 2 Days AM \_\_\_\_\_ 3 Days AM \_\_\_\_\_ 4 Days AM

**PM Session:** \_\_\_\_\_ 3 Days PM \_\_\_\_\_ 4 Days PM