



Explore, Dream, Discover

Preschool Application Form

In order to complete the application process, please complete this form and return to the preschool by February 14, 2020.

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: _____ Work Phone Number: _____

Name: _____ Relationship to Child: _____

Address: _____ Occupation: _____

Home/Cell Phone Number: _____ Work Phone Number: _____

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 1st choice, 2nd choice and 3rd choice:

AM Session: _____ 2 Days AM _____ 3 Days AM _____ 4 Days AM

PM Session: _____ 3 Days PM _____ 4 Days PM