

**MIDDLEBOROUGH INTEGRATED PRESCHOOL PROGRAM
APPLICATION FORM FOR 2020-2021 SCHOOL YEAR**

Child's First/Last Name: _____ Date of Birth: _____ Gender: _____

Parent/Guardian's Name(s): _____

Address: _____

Home Phone: _____ Work/Cell Phone: _____

Email Address: _____ Siblings: _____ Age: _____

_____ Age: _____

1. Has your child ever had a daycare/preschool experience? Yes No
If yes, please describe: _____

2. Does your child have any allergies? Yes No
If yes, please describe (please be specific): _____

3. Does your child take medication on a regular basis? Yes No
4. What are your child's favorite activities? _____

5. Describe your child's special strengths: _____

6. How did you learn about Middleborough's Integrated Preschool? _____

I VERIFY THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS ACCURATE.

Signature of Parent/Guardian

Date

Parents/guardians of children selected in the lottery will be **required to show proof of Middleborough residency (see attached for acceptable documents) and official birth certificate with raised seal **at the time of screening**; children will not be screened without these documents and forfeiture of their spot in the lottery will result.* _____
(Initial acknowledging requirement)

***Parents/guardians of children selected in the lottery **must** attend one of two informational meetings in March 2020 (March 13th in the morning; March 18th in the evening); children whose parents/guardians do not attend one information session will not be enrolled in program and forfeiture of their spot in the lottery will result.* _____
(Initial acknowledging requirement)

Please return completed form to:
(submit this page only; residency and other documents will be verified and collected at the time of screening)

**Mrs. Heidi Letendre, Principal
Memorial Early Childhood Center
219 North Main Street
Middleborough, MA 02346**

RETURN DATE:

No later than 2:00PM, Tuesday, February 11, 2020

****In the event that inclement weather results in a school closure on Tuesday, February 11th, the deadline for the return of applications will be moved to the next business day for which school is in session.*

For office use only

Date & Time Received: _____

APPLICATION # _____

Child's Name: _____