

MAPLEWOOD ENRICHMENT CENTER - PRESCHOOL PROGRAM - 2017 / 2018

P.O. Box 88 \* South Easton, MA 02375 \* 508-238-2387

[info@maplewoodyearround.com](mailto:info@maplewoodyearround.com)

**Age as of September 1, 2017:** \_\_\_\_ years \_\_\_\_ months

Child's Name \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ **Primary Email Address** \_\_\_\_\_

Allergies / special diets \_\_\_\_\_

**Parent / Guardian Information:**

Parent / Guardian Name	_____	Parent / Guardian Name	_____
Relationship to child	_____	Relationship to child	_____
Home address	_____	Home address	_____
Home Telephone #	_____	Home Telephone #	_____
Cell Phone #	_____	Cell Phone #	_____
Business Name	_____	Business Name	_____
Business Address	_____	Business Address	_____
Business Phone #	_____	Business Phone #	_____
Hours at work	_____	Hours at work	_____

Please list the names and birth dates of siblings of the Preschooler:

_____	____/____/____	_____	____/____/____
_____	____/____/____	_____	____/____/____

**Child's History:**

Has your child attended school/program prior to Maplewood Preschool? \_\_\_\_ Yes \_\_\_\_ No

If Yes, what is the name of the school/program? \_\_\_\_\_

Are there health issues or fears the Maplewood staff should be aware of? \_\_\_\_\_

Are there family situations or concerns the Maplewood staff should be aware of? \_\_\_\_\_

Please describe any developmental history of your child which may be relevant \_\_\_\_\_

Maplewood Preschool: \_\_\_\_ MWF (3 days), \_\_\_\_ TR (2 days) 7 Uggfcca FYei YghSSSSSSSSSS fbch[ i UFubhYYXL  
**\$200 non-refundable / non-transferable deposit required with application. (\$100 for exiting Preschoolers)**

**For Office Use:** Application # \_\_\_\_ Date Received \_\_\_\_\_ / Date Deposit Received \_\_\_\_\_ Check # \_\_\_\_\_