



Application

***Please note:**

It is required that all immunizations are up to date and a copy must be submitted for our records prior to the beginning of the school year. We do not permit exemptions. Children are required to be fully toilet trained prior to the beginning of the school year.

Child's Name: _____ Nickname: _____
Birth Date: _____
Home Address: _____
Siblings and Ages: _____

Parent Name: _____
Email Address: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Employer: _____
Employer's Phone: _____
Employer's Address: _____

Parent Name: _____
Email Address: _____
Home Address: _____
Home Phone: _____ Cell Phone: _____
Employer: _____
Employer's Phone: _____
Employer's Address: _____

Please indicate your preference (optional):

- Persons of Color, Black, African American
- Caucasian White
- Hispanic, Latino, other Spanish origin
- Non-Hispanic White
- Native American
- Pacific Islander, Native Hawaiian
- Asian
- Middle Eastern
- Other race or origin

Is your child toilet trained? Yes ____ No ____ Will they be by the start of school? ____

Emergency Contact #1 (in the event a parent can't be reached; must be local):

Name: _____

Address: _____

Phone: _____

Emergency Contact #2 (in the event a parent can't be reached; must be local):

Name: _____

Address: _____

Phone: _____

Authorized Adults allowed to pick child up from school (other than parent):

1. _____

2. _____

3. _____

Physician: _____

Phone: _____

Address: _____

Dentist: _____

Phone: _____

Address: _____

We require all enrolled children to be up to date on childhood vaccines and ask for vaccination records. Is your child fully immunized? If No, please explain:

Health Concerns (Allergies, Medical Problems, Medications, Special Needs, Etc.):

Please share any information about your child that would be helpful for the Teachers (such as: significant factors regarding child's adjustment in the home, unusual events or occurrences, child's strengths, interests, concerns, etc.):

Please select your preferred program below (please see website for current monthly pricing):

Monday morning 4+ only program

Tuesday, Wednesday, Thursday morning 3-5 year olds program

Tuesday, Wednesday, Thursday, and Monday morning 4+ program

How did you hear about the Falmouth Corner Preschool?

YOU MAY KEEP THIS PAGE FOR YOUR RECORDS

A non-refundable registration fee of \$50.00 is due with this application.

All tuition deposits will be billed in June, of the same calendar year, before the Fall school year starts for which your child is enrolled. Please see website for current tuition rates.

- Mondays only 4+
- T-Th 3-5 year olds
- M-Th 4+

Tuition will be refunded if withdrawn from a program by August 1. Tuition will be refunded on a prorated basis if withdrawn from a program during the year.

Please make checks payable to Falmouth Corner Preschool. Applications and checks should be sent to:

Enrollment Director
Falmouth Corner Preschool
190 Middle Road
Falmouth, ME 04105
Telephone: (207) 878-1192
Email: info@falmouthcornerco-op.com

Nondiscriminatory Disclaimer:

The Falmouth Corner Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color,

national and ethnic origin in administration of its educational policies, admissions policies, scholarships, and any other school-administered programs.