



## 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):

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

Phone: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Dentist: \_\_\_\_\_

Phone: \_\_\_\_\_

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

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 with monthly pricing:

\_\_\_ Monday morning 4+ only program per week (\$90)

\_\_\_ Tuesday, Wednesday, Thursday morning 3-5 year olds program per week (\$285)

\_\_\_ Tuesday, Wednesday, Thursday, and Monday morning 4+ program per week (\$375)

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.

- \$90 for Mondays only 4+
- \$285 for T-Th 3-5 year olds
- \$375 for 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](mailto: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.