

APPLICATION FOR ADMISSION

Application Date	_	
Child's Name		
		Preferred Pronoun
Home Address		
Parent/Guardian's Name		
Address		
Cell Phone	Work Phone	
E-mail		_ Preferred Pronoun
Parent/Guardian's Name		
Occupation		
E-mail		Preferred Pronoun

Does your child have any previous group experience? If yes, please briefly describe.

What are your hopes and expectations for your child's preschool experience?

Is there anything you would like us to know about your child?

Please return to <u>office@community-preschool.com</u> or Community Preschool, 73 Bow Street, Somerville, MA 02143. Community Preschool strives for a diverse community of families and teachers. Please visit our website: Community-Preschool.com to learn more about our school.