ERDMAN PRESCHOOL APPLICATION FORM 2018-2019 Location: 330 First Parish Road, Scituate, MA 02066 Phone: 781-545-9309 Email: erdmanpreschool@verid Name of child: Sex: M F Home address: Nickname: Date of Birth: City, State, Zip Home Phone: Email: Parent's name: Occupation: Business Address Parent's name: Occupation: Business Address: Parent's name: Occupation: Business Address: Parent's name: Occupation: Business Address: Phone: Cell: Marital Status Child's previous school/camp experience (place & date):			DATE RECEIVED					
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Four Year Old Pre-K: M/W/F AM M/T/Th AM (4 by Sep 1 st)	3.0 by Sep 1 st							
(4 by Sep 1 st)	3.5 by Sep 1 st							
Older Four Pre-K: Tue-Fri AM Children who have completed a Four year old class and would an additional year of growth and development before Kinderga given preference in this class until January 15. If spaces becon after January 15, children from the Older Threes class will be c	Four Year Old Pre-K:	M/W/F AM	M/T/Th AN	1				
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given preference in this class until January 15. If spaces become after January 15, children from the Older Threes class will be c)lder Four Pre-K:							
Please tell us your expectations for your child's preschool experience. Include information you feel will help us			given preference	e in this class	until January	15. If space	ces become availa	
program of interest for your child (use other side).				nce. Include	information y	you feel wil	ll help us plan a	
** A \$50.00 non-refundable deposit is required with this application.	** A \$50.00 non-refundab	le deposit is required w	ith this applicati	on.				
My Computer/Erdman Folder/Information for Mailing with Brochure/application form 2018-2019 Data Base								

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