



Student name _____

1st class choice _____

2nd class choice _____

Date of Birth _____

Age as of 9/1/19 _____ yr. _____ mth.

Application date _____

Southborough Village Preschool Application Packet 2019-2020

Southborough Village Preschool

14 East Main Street

Southborough, MA 01772

508-485-3109

www.southboroughvillagepreschool.com

Directors:

Gretchen Hartnett (gretchenhartnett@southboroughvillagepreschool.com)

Laura Eppen (lauraeppen@southboroughvillagepreschool.com)

Southborough Village Preschool Class Request Form (2019-2020)

Child's Name: _____

Date of Birth: _____ Age as of Sept. 1, 2019: years _____ months _____

Place a #1 next to your first class choice and a #2 next to your second choice for the 2019-2020 school year.

____ Toddler Program (21 months-2.9 yrs.) Tues/Thurs AM (9-12)

____ Preschool (2.9+) Tues/Thurs AM (9-12)

____ Preschool (2.9+) Tues/Thurs PM (12-3)

____ Preschool (Older Preschoolers/Pre-K) Tues/Thurs Full Day (9-3)

____ Preschool (3.0+) Mon/Wed/Fri AM (9-12)

____ Preschool (Older Preschoolers/Pre-K) Mon/Wed/Fri PM (12-3)

____ Full Day Pre-K Mon/Wed/Fri (9-3) (4.0 by September 1st)

* Please tell us what your child's previous preschool experience/class has been _____.

Important: Please note that the ages and numbers of our students can vary from year to year. As a result, we may need to make changes to the offered classes/schedules based on applications and enrollment. We will be sure to notify you as early in the enrollment process as possible if we anticipate needing to make such changes. Thank you for your understanding.

Trying to decide what class to sign up for? We strongly suggest that you speak with your child's teacher, or a Director, to discuss which class will be best for your child's enrollment for the 2018-2019 school year.

Tuition rates and deposits are as follows for the 2019-2020 school year:

Toddler Program:	\$3,250 (10% dep.= \$325)	2 Full-Day Program:	\$4,630 (10% dep.= \$463)
2 Half-Day Program – AM:	\$3,000 (10% dep.= \$300)	2 Half-Day Program – PM:	\$2,000 (10% dep.= \$200)
3 Half-Day Program – AM:	\$3,910 (10% dep.= \$391)	3 Half-Day Program – PM:	\$2,910 (10% dep.= \$291)
3 Full-Day Program:	\$6,380 (10% dep.= \$638)		

Please Note: A non-refundable application fee of \$100.00 is due upon receipt of your application. In addition, a check for 10% of the tuition is due with your application. We will notify you, with a Class Placement Letter, as to which class your child has been placed in. Please read, sign and return the letter by the date indicated on your Class Placement Letter. At this point, if you **choose to not accept** this placement, we will refund the 10% deposit to you. Should you **choose to accept** this placement, the 10% deposit will be applied towards your tuition for next year. **Once you have accepted a spot in a class for next year, this 10% deposit will become non-refundable.** Please see a Director if you have any further questions. Thank you.

Parent Signature _____ Date _____

Director Use Only

Class _____ Registration Fee _____ Deposit _____

Southborough Village Preschool

14 East Main Street, Southborough, MA

Tel. 508 485-3109 or visit www.southboroughvillagepreschool.com

Child Enrollment Form

Child Information

Child's Name: _____ Date of Birth: _____

Age as of September 1, 2019: years _____ months _____

Child's Home Address: _____

Home Phone Number: _____

Primary Language: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Sex: _____ Height: _____ Weight: _____



Parent/Guardian Information

Parent/Guardian #1 Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number (cell): _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____

Parent/Guardian #2 Name: _____

Relationship to Child: _____

Home Address: _____

Reachable Phone Number (cell): _____

Email Address: _____

Business Name: _____

Business Address: _____

Business Phone Number: _____

Hours at Work: _____



Additional Information

Child's Physician: _____

Address: _____ Phone Number: _____

Allergies/Special Diet? _____

Individual Health Care Plan for child with a chronic health condition? If yes, please check and attach. _____

Custody agreements/court orders/restraining orders pertaining to the child? If yes, please check and attach. _____

Special limitations or concerns? _____

Physical Exams/Immunizations/Lead Test

I certify that I will provide Southborough Village Preschool with current documentation of my child's annual physical examination, current immunizations and lead poisoning screening, in accordance with Massachusetts school health requirements. Parent initials _____ Date _____

Please Note:

A registration fee of \$100.00 plus 10% of your annual tuition is due at the time of registration, in order to hold your child's spot. The application fee is non-refundable. The 10% deposit will be deducted from your tuition in September and is also non-refundable, upon acceptance of a spot in a class.

Parent/Guardian Signature _____ Date _____