Student Name _____
1st Class Choice _____
2nd Class Choice _____

Date of Birth _____
Age as of 9/1/27_____ years _____ months
Application Date _____

Southborough Village Preschool

Application Packet

for the

2027-2028 School Year

Southborough Village Preschool
14 & 16 East Main Street
Southborough, MA 01772
508-485-3109

Directors: Gretchen Hartnett and Laura Eppen

directors@southboroughvillagepreschool.com

www.southboroughvillagepreschool.com

Southborough Village Preschool Class Request Form (2027-2028)

Child's Name: _____

Date of Birth: _____ Age as of Sept. 1, 2027: years _____ months _____

Place a #1 next to your first class choice and a #2 next to your second choice for the 2027-2028 school year.

____ Toddler Program (21 months-2.9 yrs.) Tues/Thurs AM at Toddler House/16 East Main St. (8:45-11:30)

____ Toddler Program (21 months-2.9 yrs.) Mon/Wed/Fri AM at Toddler House/16 East Main St. (8:45-11:30)

____ Half-Day Preschool (2.9+) Tues/Thurs AM (8:45-11:45)

____ Full-Day Preschool (2.9+) Tues/Thurs (8:45-2:45)

____ Half-Day Preschool (2.9+) Mon/Wed/Fri AM (8:45-11:45)

_____ Full-Day Preschool (2.9+) Mon/Wed/Fri (8:45-2:45)

_____ Full-Day Pre-K (*4.0 by September 1st) Tues/Thurs (9:00-3:00)

_____ Full-Day Pre-K (*4.0 by September 1st) Mon/Wed/Fri (9:00-3:00)

_____ 5 Full (or half) Days (Available by selecting a Tues/Thurs class as well as a Mon/Wed/Fri class)

* What has your child's previous preschool experience/class 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/class age range based on applications and enrollment.

Tuition rates and deposits are as follows for the 2027-2028 school year:

2 Day Toddler Program T/Th: $4,282 (10% dep.=$428) 3 Day Toddler Program M/W/F: $5,947 (10% dep.=$594)

2 Half-Day Program T/Th AM: $3,858 (10% dep.=$385) 3 Half-Day Program M/W/F AM: $5,332 (10% dep.=$533)

2 Full-Day Program T/Th: $6,286 (10%dep=$628) 3 Full-Day Program M/W/F: $8,734 (10% dep.=$873)

5 Full-Day Program T/Th & MWF: $14,946 (10% dep.=$1,495)

***We offer Early Drop-off beginning at 8:00 AM as well as After-School Care until 4:00 PM every day.**

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. Within a few weeks of registration, 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 date, if you **choose to not accept** this placement, we will refund the 10% deposit to you, however the application fee is non-refundable. Should you **choose to accept** this placement, the 10% deposit will be applied towards your tuition for next year. **Once you've accepted a placement in a class for next year, this 10% deposit becomes non-refundable**. Placements will not be held after the date indicated on your Class Placement Letter.

Parent Signature_____ Date_____

Southborough Village Preschool

14 & 16 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, 2027: years _____ months _____

Child's Home Address:_____

Home Phone Number:_____

Sex _____ Primary/Spoken Language:_____

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 a required **lead screening**, in accordance with Massachusetts school health requirements. These items must be in your child's file before he/she begins school.

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 placement. 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 placement in a class (signed Class Acceptance Letter). Please see a Director if you have any questions about the registration procedure.

Parent/Guardian Signature _____ Date_____