

Harry Lee Cole School

26 Middleton Road, Boxford, MA 01921

(978) 887-2856

Integrated Preschool Application

Child's Name _____ Today's date _____
Last First Full Middle Name

Present Address _____ Gender M F

Telephone # _____ Email Address _____

Are you willing to share your email address with the following parent groups?

Check if Yes PTO (Parent Teacher Organization) BEST (private education foundation)

Child's Date of Birth (mm/dd/yy) _____ Verified by _____(office)

Child's Age as of September 1, 2010 ____ yrs. ____ months

Child's Place of Birth (city/state/country) _____

Father/Guardian's Name _____ Place of birth _____

Address (if different than student) _____

Occupation _____ Place of employment _____

Telephone # _____ Cell phone # _____

Mother/Guardian's Name _____ Place of birth _____

Address (if different than student) _____

Occupation _____ Place of employment _____

Telephone # _____ Cell phone # _____

Other Members of the Household:

Name Relationship Date of birth Attends Cole School/Grade?

• A \$50.00 non-refundable fee must accompany this application.* Please make check or money order payable to the Town of Boxford. We cannot accept cash.

• Placement consideration is made based on the lottery number, student learning needs identified through special education, space availability, gender balance, the age range within the class and input from the teachers. Our goal is to create a socially, academically and emotionally balanced preschool experience for all of the children.

*If the Director has informed you that your child's name is going on our waiting list, an application fee is not required until he/she is placed in a session.

Session Options 2010 - 2011

For a 3 year old class, please select a first and second choice by marking the sessions with a "1" and a "2". For a 4 year old class, please select a first, second and third choice with a "1", "2" and "3":

___ RED: (3.0 – 3.11 years)	Tuesday and Thursday	9:00 – 11:30 am
___ YELLOW: (3.0 – 3.11 years)	Monday, Wednesday, Friday	9:00 – 11:30 am
___ BLUE: (4.0 – 4.11 years)	Monday, Tuesday, Thursday, Friday	9:00 – 11:30 am
___ GREEN: (4.0 – 4.11 years)	Monday, Tuesday, Thursday	12:15 – 2:45 pm
___ ORANGE: (4.0 – 4.11 years)	Monday, Tuesday, Thursday, Friday	12:15 – 2:45 pm

Our annual tuition rates for 2010-2011 are as follows:

RED: \$1580.00 YELLOW and GREEN: \$2400.00 BLUE and ORANGE: \$3150.00

We collect five payments over the course of the year (September 1, November 1, January 1 and March 1). The first payment is due before the current school year ends. We encourage parents to schedule these payments online with their financial institution to insure prompt and accurate payment. Payments received after the 10th of the month are considered late.

* If more than one child from a family is enrolled, a 10% discount will be applied to the second (or third) child's tuition rate.

Lunch Buddies Program

Lunch Buddies is an extended day program offered as part of our preschool day, but is NOT a drop in program. Lunch Buddies is offered each weekday except Wednesdays. Children are to provide their own lunch and drink, *no peanut butter, please*. The 2010-2011 hourly rate is \$8.00. Lunch Buddies enrollment request forms for the 2010-2011 school year will be distributed to all enrolled families during our spring open house.

Following are the Lunch Buddies hours that families may choose from based on the sessions that they may be enrolled in:

RED:	Tuesday or Thursday	11:30-12:30 pm
YELLOW:	Monday and/or Friday	11:30-12:30 pm (No Lunch Buddies on Weds.)
BLUE:	Mon/Tues/Thurs/Fri	11:30-12:30 OR 11:30-1:30 pm (any 3 days)
ORANGE:	Mon/Tues/Thurs/Fri	11:05-12:05 pm (any 3 days)
GREEN:	Mon/Tues/Thursday	11:05-12:05 pm (any 2 days)

**Harry Lee Cole Elementary School
Integrated Preschool
2010 – 2011**

Child's name: _____ Date of Birth _____

Parent/Guardians' names: _____

Home Telephone # _____ Cell Phone # _____

Do you have any concerns about your child's developmental milestones?

No If yes, please describe:

Has your child had any evaluations in the areas of speech and language, physical therapy, occupational therapy or neurology?

No If yes, please describe:

Do you have any concerns about your child's articulation? No If yes, please describe:

Do you have any questions about how your child understands what is said to him/her?

No If yes, please describe:

Do you have any questions about how your child uses language to express needs?

No If yes, please describe:

Has your child had any of the following – frequent ear infections, regular medications, surgery or other?

No If yes, please describe:

