

Precious Beginnings Preschool

15 Centre St, Dover, MA 02030 (508) 785-1033

Schedule request form for 2024 - 2025 School Year

Child's Name _____

D.O.B. _____ Age on 9/1/24 _____

Home Information

Parent's Names _____

Address _____ Phone _____

*Email Address: _____

Parent's Work Information

Father's Employer _____ Phone _____

Mother's Employer _____ Phone _____

Program Interest

(please indicate by circling your selection & writing number of days)

Early drop-off
(8am)

Mornings/Lunch
(8:30/45-12:30/45)

Full Day
(2:30pm pick-up)

After School
(5pm pick-up)

Days _____
M T W TH F

Days _____
M T W TH F

Days _____
M T W TH F

Days _____
M T W TH F

The Admission process begins with a personal interview at the school between parent, child and teacher. This is an opportunity to visit and learn about the program. At this time, cost info. will be provided and your schedule needs will be requested. A Pre-Enrollment Form will be filled out and submitted to the Director. After receiving an acceptance letter, confirming enrollment, an Enrollment Package will be mailed. All forms must be complete prior to your child's first day. All deposits received are not refundable or transferable.

Parent Signature _____ Date _____

Annual Enrollment Fee is \$50 and is non-refundable.

Office Use Only

Enr. Fee Amount _____ Ck# _____ Date _____ Enr. Pkg. Sent _____

Accept. Sent _____ Medical Date _____ Tuition _____ Program _____