

**Precious Beginnings Preschool**  
**15 Centre St, Dover, MA 02030 (508) 785-1033**

**Schedule request form for 2026 - 2027 School Year**

Child's Name \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age on 9/1/26 \_\_\_\_\_

**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 \_\_\_\_\_