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

Schedule request form for *2027 - 2028* School Year

Child's Name_____

D.O.B._____ Age on 9/1/27 _____

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 _____	# Days _____	# Days _____	# Days _____
M T W TH F	M T W TH F	M T W TH F	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*_____