



**Derry Early Education Program
2016-2017
Application**



Please indicate the following preference: (AM = Morning Program, PM = Afternoon Program)
While preference of time cannot be guaranteed, consideration will be given based on first come first serve.

AM sessions: 8:30 AM – 11:00 AM

PM sessions: 12:20 PM – 2:50 PM

AM 4's ____

PM 4's ____

AM 3's ____

PM 3's ____

Student Information:

Child's Last Name

First Name

Middle Name

Birth Date

Parent Information:

Mother's Name

Home Phone

Work Phone

Cell Phone

Street Address

Town

Zip Code

Father's Name

Home Phone

Work Phone

Cell Phone

Street Address

Town

Zip Code

Names & dates of schools previously attended: _____

Please write a brief description of your child and include any special characteristics and health issues.

**PLEASE RETURN THIS FORM TO: JAYNE BOYLE
Derry Early Education Program
5 Hood Road
Derry, NH 03038
(603) 845-1202**

Enrollment Criteria

- Applicant must turn three (3) by September 30th of the school year for which he/she is applying

- Child should be toilet trained

- Parent must provide transportation

- Parent to provide all health and immunization records as required by law

- Tuition costs as follows:
 - 3 year old \$1,700/year
 - 4 year old \$2,100/year

I understand the enrollment criteria:

Parent Signature

Date