



**Derry Early Education Program  
2018-2019  
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:**

**Primary Email:** \_\_\_\_\_

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