

## 2024 - 2025 Application for Inclusive Portsmouth Preschool

Date \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sibling(s) in Portsmouth schools: \_\_\_\_\_

**Please Circle the session you prefer:**

4 day session Cost= \$400/monthly:      Monday- Thursday      8:30-12:30

2 day session Cost = \$200/monthly :      Monday & Wednesday      8:30-12:30

Tuesday & Thursday      8:30-12:30

If not selected for the preferred session, we would like to be considered for another available session.      Yes    No

**Please Circle Yes or No for each to the following:**

I am able to provide transportation.      Yes    No

My child is:

Current on immunizations      Yes    No

Toilet Trained      Yes    No

Age appropriate socially      Yes    No

Age appropriate with communication      Yes    No

Notes or additional information regarding the above you would like to share:


**NOTE:** If selected for enrollment, additional paperwork will be required including a copy of the student’s birth certificate and immunization records.