

**Preschool Application Hanscom Residents**

**[ ]  2022-2023**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  Child’s Name: |        |  |       |  |       |
|  | Last Name  |  | First Name |  | Middle Name |
|  |  |  |  |  |  |
|  Nickname: |       |  | Gender: |  | [ ]  Male [ ]  Female |
|  |  |  |  |  |  |
|  Date of Birth: |       |  | City/Town of birth: |  |       |
|  |  |  |  |  |  |
| Parent/Guardian Information: |  |  |  |  |
| Name: |       |
| Address: |       |
| Telephone: |       |
| Parent’s email: |       |
| Is Sponsor Active Duty? | [ ]  Yes [ ]  No |
| Will your child attendthe CDC after school? | [ ]  Yes [ ]  No |
|  |  |
| Has your child ever attended preschool or daycare before?  | [ ]  YES [ ]  NO |
|  |  |
|       |  |       |  |       |
| Preschool Name | Telephone Number | Length of time attended |
|       |  |       |  |       |
| Preschool Name | Telephone Number |  | Length of time attended |

[ ]  I give the Lincoln Preschool permission to contact our former preschool/daycare to assist in child placement.

|  |  |  |
| --- | --- | --- |
| Language(s) spoken at home:  |  |       |

|  |  |  |
| --- | --- | --- |
| Do you have any concerns about an area of your child’s development?  |  | [ ]  YES [ ]  NO |

|  |  |  |
| --- | --- | --- |
| Has your child received any services/support in the past?  |  | [ ]  YES [ ]  NO |
|       |
|  |

 **Please return this form to:**

**Office Use Only**

 Date received: \_\_\_\_\_\_\_

 Parent Contacted: \_\_\_\_\_\_\_\_\_

 Rose Smart

 6 Ballfield Road

 Lincoln, MA 01773

 781-259-9403

 rsmart@lincnet.org

Child’s Name:

**\*\*Prioritize your top choices with 1 being your first choice.**

|  |  |
| --- | --- |
| Choice | HANSCOM CAMPUS – (Residents of Hanscom Only)  |
|  | 4 Hour Program (Monday-Friday) |

Program Information:

* Hours and days of the week for the program are established annually. We are now offering the following:
* Hanscom Campus :
	+ 4 hours in the morning (8:00 am-12:00 pm) 5 Days/Week

* Staff of the Lincoln Preschool will pick up and drop off students at the Child Development Center (CDC) for the afternoon session.
* The Lincoln Preschool follows the school calendar of the Lincoln Public Schools, unless otherwise notified.
* If your child is offered a slot and you accept we will get a registration packet to you, this must be completed and returned within 5 days.
* Children who are not offered a slot will be placed on the waiting list.
* Families of the waiting list who are called or emailed regarding an opening for their child will have three (3) school days from the date of the call to indicate their acceptance of the opening. If the school is not contacted, the next child on the waiting list will be contacted and your child’s name will be placed at the bottom of the waiting list.
* Contact information provided on the application must be accurate and up to date. If the program’s personnel cannot reach families with the phone number and email provided, they will move on to the next child on the waiting list.
* If you choose/need to withdraw your child from the program, written notice of your intent is required with at least thirty days notice.
* Parents provide all snacks/beverages for their children.

QUESTIONS: If you have questions please contact Lynn Fagan, Principal for Early Childhood Programs, at lfagan@lincnet.org or 781-259-9889 or Rose Smart, Administrative Assistant, at rsmart@lincnet.org or 781-259-9403.

Please indicate on Page 2 which program you are applying for by rank ordering 2022-2023 school year will be determined by the number of applications and specific groupings we are able to create. If you have any special circumstances, please add that information on Page 2.