



Littleton Public Schools

33 Shattuck St. * P.O. Box 1486 * Littleton, MA 01460-4486 * Phone: (978) 540-2500 * Fax: (978) 486-9581 * Website: www.littletonps.org

Integrated Preschool Program Application for NEW Community Peers 2019-2020

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE as of 9/1/2019: _____ GENDER: _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

Please check which program you are applying for:

If you wish for your child to be considered for more than one program, please indicate your priority.

___ **Three-Day Morning Preschool Program** - children must be 3 years of age as of 9/1/19.

___ **Four-Day Afternoon Preschool Program** - children must be 4 years of age as of 9/1/19

___ **Five-Day Full-Day Preschool Program** - children must be 3 years of age as of 9/1/19.

Parent/Guardian Signature

Date

Please mail completed application and non-refundable \$25.00 application fee to:

Rachel Cotter, Early Childhood Coordinator
Shaker Lane School
35 Shaker Lane
Littleton, MA 01460

It is the policy of the Littleton Public Schools not to discriminate on the basis of race, gender, religion, national origin, color, homelessness, sexual orientation, gender identity, age or disability in its educational programs, services, activities or employment practices. Further information may be obtained by contacting Justine Muir, District Equity Coordinator at 978-540-2500, jmuir@littletonps.org or 33 Shattuck Street, P.O. Box 1486, Littleton, MA 01460.

Our mission is to foster a community of learners who strive for excellence and prepare each student to be a successful, contributing citizen in a global society.

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Integrated Preschool Program Application for RETURNING Community Peers 2019-2020

CHILD'S NAME: _____

DATE OF BIRTH: _____ AGE as of 9/1/2019: _____ GENDER: _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

EMAIL ADDRESS: _____

HOME TELEPHONE: _____ CELL PHONE: _____

Please check which program you are applying for:

If you wish for your child to be considered for more than one program, please indicate your priority.

Please note: If you are applying for your child to remain in the program they are currently in, you will be granted continued enrollment in that same program. However, if you are interested in a program other than the one your child is currently attending, your child will be entered into the lottery for that program should a lottery be necessary.

___ **Three-Day Morning Preschool Program** - children must be 3 years of age as of 9/1/19.

___ **Four-Day Afternoon Preschool Program** - children must be 4 years of age as of 9/1/19

___ **Five-Day Full-Day Preschool Program** - children must be 3 years of age as of 9/1/19.

Parent/Guardian Signature

Date

Please mail completed application to:
Rachel Cotter, Early Childhood Coordinator
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