



2021 - 2022 Application

Child's Full Name _____

Date of Birth _____ Age _____ Male _____ Female _____

Race (optional) _____ Child's Primary Language, if other than English _____

Hair Color _____ Eye Color _____ Identifying Marks _____

☐ I am Re-Enrolling ☐ I am a New Applicant (*A non-refundable, one-time application fee of \$75.00 is due for all new students*)

TODDLER PROGRAM *Starting at 15 months What is your preferred start date _____

Please choose your preferred schedule:

☐ Toddler HALF DAYS (9am to 1pm) ☐ Toddler FULL DAYS (9am to 3pm)

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

Would you like Enrichment for these days?

MORNING (7:30 to start of school) ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

AFTERSCHOOL (3-5PM) ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

PRESCHOOL PROGRAM *Starting at 2.9 years What is your preferred start date _____

Please choose your preferred schedule:

☐ Preschool HALF DAYS (9am to 1pm) ☐ Preschool FULL DAYS (9am to 3pm)

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

Would you like Enrichment for these days?

MORNING (7:30 to start of school) ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

AFTERSCHOOL (3-5PM) ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

PRE-KINDERGARTEN PROGRAM What is your preferred start date _____

Please choose your preferred schedule:

☐ Pre-Kindergarten HALF DAYS (9am to 1pm) ☐ Pre-Kindergarten FULL DAYS (9am to 3pm)

☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

Would you like Enrichment for these days?

MORNING (7:30 to start of school) ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

AFTERSCHOOL (3-5PM) ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

ELEMENTARY PROGRAM What is your preferred start date _____

☐ Kindergarten ☐ First Grade ☐ Second Grade ☐ Third Grade ☐ Fourth Grade ☐ Fifth Grade

Would you like Enrichment for these days?

MORNING (7:30 to start of school) ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

AFTERSCHOOL (3-5PM) ☐ Mondays ☐ Tuesdays ☐ Wednesdays ☐ Thursdays ☐ Fridays

Please see our Schedule of Fees Tuition Sheet for prices and details.

PARENT 1 FULL NAME _____

Mailing Address _____ City _____

State _____ Zip _____ Email Address _____ Cell _____

Phone _____ Home _____ Work _____

PARENT 2 FULL NAME _____

☐ CHECK HERE IF SAME ADDRESS AS ABOVE

Mailing Address _____ City _____

State _____ Zip _____ Email Address _____

Cell Phone _____ Home _____ Work _____

Who does applicant live with? ☐ Parent 1 ☐ Parent 2 ☐ Both Parents ☐ Other Guardian (please explain)

Is there any legal custody agreements or court orders that we should know about? ☐ No ☐ Yes (*if yes, please supply latest order*)

Sibling Name(s) _____ Age(s) _____

School _____

Parent/Legal Guardian Signature _____ Date _____

1436 Long Pond Road, Brewster, MA 02631 / 508-896-4934 / 508-632-6555 fax / www.laurelschoolcapecod.org