



2024 - 2025 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 (3-4:30PM) 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 (3-4:30PM) 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 (3-4:30PM) 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 (3-4:30PM) 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