Harpswell Community Nursery School

Form 2

OFFICE USE

Application for Placement in the 2020-2021 School Year

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Date	Recei	ived

Child's Name:		Date of Birth:		
The number of available indicate your 1st and 2nd to enroll my child in this/th	choice option	ns, and we will d	o our best to honor yo	•
Introductory Classes:				
Time for For Twos:	FALL	WINTER	SPRING	
Preschool Programs:				
Tuesday and Thursday (each day: 9:00 – 12:30pm)		Monday, Wednesday and Friday (Mon+Wed 9:00 - 3:00pm, Fri 9:00 - 12:30pm)		
		A	Friday Extended D Add-on to M/W/F Progr (12:30-3:00pm)	ay ram
I would like to	discuss the	suitability of my	child attending 5 days	per week.
Explain briefly why you fe	el our progra	am(s) would be a	good fit for your child	and family.

Please do not hesitate to reach out and consult with our director in selecting the program best suited for your child. We strive to create classroom harmony with a vibrant mix of ages, personalities and interests. We give priority to current children and their siblings, before opening enrollment to the rest of our community. Meeting the priority deadlines of our application process ensures the best possible outcome for the placement of your child.

Help keep all of us organized:

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Please review the *Application Forms Summary Checklist* to ensure you are submitting a complete application including the appropriate fees. Your application will date-stamped once ALL of the necessary forms have been received.