

Eliot-Pearson Children's School

Tufts University
105 College Ave.
Medford, MA 02155
(617) 627-3434 ♦ epcs@tufts.edu
Website: ase.tufts.edu/epcs

For School Use Only:
Application Date: _____
Acceptance Date: _____

Today's Date: _____ Age Now: _____ (years/months)

Desired Entrance Date: _____ Age on Sept. 1 _____ (years/months)

Applications are accepted no sooner than the September prior to desired entrance date.

Please check all groups that you are interested in and eligible for:

- Preschool East** (2.9 – 3.9 years old) Five mornings: M-F (8:30am-12:30pm)
- Preschool West** (3.9 – 4.8 years old) Five mornings: M-F (8:30am-12:30pm)
- Afternoon Preschool** (2.9 – 4.8 years old) Two afternoons: T, TH (1:30pm-4:00pm)
(*This 2 day PM program cannot be combined with enrollment in other AM or PM programs*)
- Kindergarten** (Age 5 by Dec. 31) Five Mornings: M-F (8:30am-12:30pm)
- Add Extended Day** Choice of 2, 3, 4, or 5 days: M, T, W, TH, F (12:30pm-3:00pm)
(*Extended Day option only available when enrolled in AM Preschools or Kindergarten*)
- 1st/2nd Grade** Full Day M, T, TH, F (8:30am-3:00pm) Half-Day W (8:30am-12:15pm)

CHILD'S NAME: _____ Birth Date: _____ Gender: _____

Address: _____ Phone: _____
(street) (city/town) (zip)

Birthplace: _____ Primary Language: _____

Are Parents Living Together? _____ If no, to whom should mail be addressed? _____

I. PARENT'S NAME: _____ Relationship to child: _____

Nature of Work: _____ Education: _____

Birthplace: _____ Place/Name of Business: _____

Home Address: _____
(street) (city/town) (zip)

Business Address: _____
(street) (city/town) (zip)

Home Phone: _____ Business Phone: _____ Work Hours: _____

Email address: _____ Cell phone: _____

II. PARENT'S NAME: _____ Relationship to child: _____

Nature of Work: _____ Education: _____

Birthplace: _____ Place/Name of Business: _____

Home Address: _____
(street) (city/town) (zip)

Business Address: _____
(street) (city/town) (zip)

Home Phone: _____ Business Phone: _____ Work Hours: _____

Email address: _____ Cell phone: _____

SIBLINGS/STEP-SIBLINGS:

Name	Birthdate	School	Grade
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OTHER MEMBERS OF HOUSEHOLD WITH WHOM THE CHILD RESIDES:

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Please describe briefly the child's special characteristics and interests.

Developmental Health History: Has the child had any major health/developmental issues? Are there any challenges with vision, hearing, walking, speaking, or attention? Other?

Are there any facts about your family situation or your child's development which you feel would be helpful to the School in considering this application? (Including any previous evaluations *)

***Please attach copies of any previous evaluations.**

Child's Previous Group Experience (please include any play group, Sunday School, or previous Nursery School):

How did you hear about the Children's School? (Give name or publication)

Why are you interested in the Children's School?

Please enclose a \$15 non-refundable application fee made payable to "Trustees of Tufts" to support our scholarship fund.

If this is a hardship for your family, please check here.

Check this box if you are interested in applying for financial aid. Parents may request Scholarship information forms when notified that an opening has occurred for their child.

Scholarship award decisions are based on financial need of applicants and on the funds we have available. Most decisions are made by the beginning of May.

This Section Is Optional

No information you provide will be used in a discriminatory manner. You may complete more than one section.

- Child with special needs _____
- Racial Identity _____
- Cultural Identity _____
- Ethnic and National Origin _____
- Religious Identity _____
- Gay/Lesbian Family _____
- Single Parent _____
- Adopted Family _____
- Other; Please Specify _____

Please Note:

- This form is not an enrollment form. After this form is returned, your child will be considered for enrollment to the school.
- Parents or guardians of children should arrange to visit the school at some point during the application period. Please call the school to make an appointment at least one week in advance.

Eliot-Pearson Children's School reserves the right to place the child in the group considered to be best for him/her.

⇒ Return this form to:

Admissions, Eliot-Pearson Children's School, 105 College Avenue, Medford, MA 02155 Revised 06/10