

**FALMOUTH PUBLIC SCHOOLS  
PRESCHOOL LOTTERY APPLICATION**

**PARENT AND CHILD INFORMATION**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Present address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Place of Birth: \_\_\_\_\_

**CHILD'S AGE as of August 31, 2012 \_\_\_\_\_ (must be 3 on or before 8/31/12)**

**(YOUR CHILD MUST BE TOILET TRAINED TO ENTER THE PROGRAM)**

**PREFERRED DAYS:**

**If requesting the (3) day session please indicate your order of preference by using 1, 2, & 3.**

**3 day** (a) \_\_\_\_\_ Mon., Wed., Fri. (am)

**4 day** \_\_\_\_\_ Mon. – Thurs. (pm)

(b) \_\_\_\_\_ Tues.(am), Wed.(pm), Thurs.(am)

**5 day** \_\_\_\_\_ Mon. – Fri. (am)

(c) \_\_\_\_\_ Mon., Tues., Thurs. (pm)

**No Preference** \_\_\_\_\_

**(AM) 9:05am-11:45am**

**(PM) 12:50pm – 3:30pm**

**Parent1/Guardian Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Place of Birth** \_\_\_\_\_ **U.S. Citizen: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Parent2/Guardian Name:** \_\_\_\_\_ **Relationship to child:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Home Phone Number:** \_\_\_\_\_

**Work Phone Number:** \_\_\_\_\_ **Cell Phone Number:** \_\_\_\_\_

**Place of Birth:** \_\_\_\_\_ **U.S. Citizen: Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**EMERGENCY CONTACT PERSON:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Work Telephone:** \_\_\_\_\_

**Number of people in household:** \_\_\_\_\_

**How many siblings does the child have?** \_\_\_\_\_

**Are they currently enrolled in an early education and care program? If yes, please list:**

1. Sibling Name: \_\_\_\_\_ DOB \_\_\_\_\_ Provider \_\_\_\_\_

2. Sibling Name: \_\_\_\_\_ DOB \_\_\_\_\_ Provider \_\_\_\_\_

3. Sibling Name: \_\_\_\_\_ DOB \_\_\_\_\_ Provider \_\_\_\_\_

**Where did your child last attend school?** \_\_\_\_\_

**How many days and hours per week: Days** \_\_\_\_\_ **Hours** \_\_\_\_\_

**Return application to:**

**Laney Cooke-Johnson, Director of Early Childhood, 340 Teaticket Hwy. E.Falmouth, MA 02536**  
**Telephone #'s 508-548-0151 x 111 or 143 East Falmouth Elementary 508-548-1052 x312**

**Falmouth Public Schools**  
**Integrated Preschool Tuition Reduction Form**

**COMPLETE THIS PAGE TO BE CONSIDERED FOR A TUITION REDUCTION**

**Income Information**

*(Please note: Copies of all income documentation and a parent driver's license should be attached to this application.)*

Number of Parents in Family: \_\_\_\_\_ Number of Parents Working: \_\_\_\_\_  
 Employment Status of Parent #1 \_\_\_\_\_ Employment Status of Parent #2 \_\_\_\_\_  
 Hours worked per week \_\_\_\_\_ Hours worked per week \_\_\_\_\_

**Employment Codes:**

A= Employed full-time(30+hrs/wk)                      B=Employed part-time (less than 30 hrs.)  
 C=Unemployed, disabled                                  D=Unemployed, retired  
 E=Foster parent, working full-time                      F=Foster parent, working part-time  
 G=Seasonally employed

Currently attending school, college education or training programs:  
 Parent #1 \_\_\_\_\_ Yes \_\_\_\_\_ No    Parent #2 \_\_\_\_\_ Yes \_\_\_\_\_ No

	<b><u>Total Gross Monthly Income:</u></b>
Monthly wages from all contributing adults: (weekly wages x 4.3)	
Child support/alimony: (received)	
Child support: (paid)	
SSI/DA:	
Other:	
<b>Total Gross Monthly Income:</b>	

*(Income Documentation Must be Attached – 4 Pay Stubs, or \*W2 Form, or \*Signed Current Tax Return, SSI., Workmens Compensation, and/or Child Support.)*  
 Copy of drivers license, passport or green card.

*\*If providing this documentation, please provide a statement from current employer stating number of hours worked per week and salary information.*

For Office Use Only: \_\_\_\_\_ Determination of Parent Fees: \_\_\_\_\_  
 Family Size: \_\_\_\_\_ Total Gross Monthly Income: \_\_\_\_\_  
 (Income before taxes and deductions)  
*(Tuition/Fee determined by sliding scale based on gross monthly income up to \$30.00 per week.)*

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Staff Signature

\_\_\_\_\_  
 Date

*Gross income must be at or below the state median income.*