



FALMOUTH PUBLIC SCHOOLS
PRESCHOOL PEER PARTNER APPLICATION 2023-2024

PARENT/GUARDIAN & CHILD INFORMATION

Child's Name: _____ Date: _____

Residential & Mailing Address: _____

Date of Birth: _____ Male _____ Female _____ Non-Binary _____

Place of Birth: _____ Primary Language _____

CHILD'S AGE as of August 31, 2023 _____ (must be 3 and not yet 5 on or before 8/31/23)

PREFERRED SESSION: (please indicate your 1st, 2nd and 3rd choice)

_____ **5 Day AM Monday - Friday 9:05 - 11:45**

_____ **4 Day PM Monday - Thursday 12:50 - 3:20**

_____ **Pilot Extended AM Monday - Thursday 9:05 - 1:05**

Parent/Guardian Name: _____ Relationship to child: _____

Occupation: _____ Home Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Email: _____

Parent/Guardian Name: _____ Relationship to child: _____

Occupation: _____ Home Phone Number: _____

Work Phone Number: _____ Cell Phone Number: _____

Email: _____

Total number of people in household: _____

Siblings (Names/Ages) _____

NAME OF EMERGENCY CONTACT: _____

Primary Telephone: _____ Work Telephone: _____

Relationship to Child: _____

What daycare/preschool has your child attended? _____

How many days and hours per week: Days _____ Hours _____

Do they still attend? Yes **or** No If no, reason for leaving? _____

Return application to: Falmouth Public Schools

Office of Student Services

340 Teaticket Highway East

Falmouth, MA 02536

Falmouth Public Schools

Preschool Tuition Reduction Form

COMPLETE THIS PAGE TO BE CONSIDERED FOR TUITION REDUCTION

Child's Name: _____

Income Information

(Please note: Copies of all income documentation and a parent/guardian driver's license, passport or green card must be attached to this application.)

Number of Parents/Guardians in Family: _____ Number of Parents/Guardians Working: _____
Employment Status of Parent/Guardian #1 _____ Employment Status of Parent/Guardian #2 _____
Hours Worked Per Week _____ Hours Worked Per Week _____

Employment Codes:

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

Currently attending school, college education or training programs:

Parent/Guardian #1 _____ Yes _____ No _____
Parent/Guardian #2 _____ Yes _____ No _____

Total Gross Monthly Income:

Monthly wages from all contributing adults:

(Weekly wages x 4.33 Bi-weekly wages x 2.17)

Child support/alimony: received _____

Child support: paid _____

SSI/DA: _____

Other: _____

Total Gross Monthly Income _____

*(Income Documentation Must be Attached – (4) Weekly Pay Stubs, or (2) Biweekly Pay Stubs, or *W2 Form, or *Signed Current Tax Return, SSI, Worker's Compensation, and/or Child Support.)
Copy of driver's 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)

Parent/Guardian Signature

Date

Staff Signature

Date

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