

Application Fee Received _____
Date Received _____
Person Received _____
Method of Payment _____

DO NO WRITE ABOVE THIS LINE (FOR OFFICE USE ONLY)

Early Childhood Admissions Waitlist Application

For Academic Year: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
Child's Name: _____ Preferred (nick) name: _____
Child's Address: _____

Applicant For:

☐ Infant (3-12 months) ☐ Toddler Ones Room (12-24 months) ☐ Toddler Twos Room (24-36 months)
☐ Nursery Threes Preschool Room (3-4yr) ☐ PreK Fours Preschool Room (4-5yr)

Please indicate preferred schedule as closely as you are able to predict at this time:

☐ 5 full days from 8:30 am to 3:30 pm (M-F)
☐ 3 full days 8:30 am to 3:30 (M,W,F)
☐ 2 full days 8:30 am to 3:30 pm (T,Th)
☐ Aftercare 3:30-5:00 pm (No Aftercare on Fridays. Runs M-Th only with 3:30 pm dismissal Fridays)

Previous School/Childcare Center:

School/Childcare Name: _____ Principal/Director _____
Address: _____
Phone: _____ Fax: _____
Dates attended: From _____ to _____

School/Childcare Name: _____ Principal/Director: _____
Phone: _____ Fax: _____
Dates attended: From _____ to _____

Parent/Legal Guardian 1 Information (Primary contact/parent who resides with the child):

Please complete all of the information below and check preferred method of contact

Name: _____ Relationship to child: _____
Home address: _____
Employer: _____ Job Title: _____
Business name/address: _____
☐ Business telephone: _____ ☐ Business email: _____
☐ Home phone: _____ ☐ Cell phone: _____ ☐ Home email: _____

Parent/Legal Guardian 2 Information:

Please complete all of the information below and check preferred method of contact

Name: _____ Relationship to child: _____
Home address: _____
Employer: _____ Job Title: _____
Business name/address: _____
☐ Business telephone: _____ ☐ Business email: _____
☐ Home phone: _____ ☐ Cell phone: _____ ☐ Home email: _____

Additional Information Required:

Is your family a member of a Jewish institution or group (e.g. Synagogue, JCC, Havurah group, PJ Library, Federation) in Maine or elsewhere? ____ If so, which ones? _____

Are you or a member of your family an alum of the Goldman Family Preschool? ☐ Yes ☐ No

If yes, dates alumni attended, or other information: _____

Name of person responsible for payment of tuition and fees: _____

Address : _____

Home phone: _____ Cell phone: _____ Email: _____

***Waitlist applications require a \$25 fee** ☐ **Please check here if you intend on applying for financial aid**

How did you hear about the Goldman Family Preschool? Check all that apply.

☐ Website ☐ Social Media ☐ Referral (name optional): _____ ☐ Other: _____

Additional Comments:

Parent/Legal Guardian Signatures:

The undersigned grants Goldman Family Preschool permission to request and receive confidential information regarding the application, and to retain such material in the applicant's file.

Parent/ Legal Guardian 1 _____ Date: _____

Parent/Legal Guardian 2 _____ Date: _____

Admissions decisions are made in compliance with local, federal, and state non discrimination laws and regulations without regard to race, gender, color, religion, physical or mental disability, ancestry, socio-economic status, sexual orientation, or national origin.