



## **ENROLLMENT FORMS**

**2026-2027**

Registration for the 2026-2027 school year is now open. If you wish to have your child attend Maple Village, please send the following information to the preschool.

- **Completed enrollment forms indicating class requested**
- **\$30 registration fee**
- **One tuition payment representing the final month (June 2027) to hold the class reservation**

(These fees will be returned if we cannot accommodate your class choice.)

**Completed forms should be sent to:**

**Maple Village Preschool**

**PO Box 122**

**Dunstable, MA 01827**

# MAPLE VILLAGE PRESCHOOL STUDENT ENROLLMENT FORM

**(REGISTRATION FEE OF \$30 & 1 MONTH'S TUITION MUST BE INCLUDED)**

**2026-2027**

## STUDENT INFORMATION:

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

<b>Class Requested</b>	<b>Pre-K Program</b>	<b>M/W/F AM</b>	<b>\$425 per month</b>
	<b>Preschool (3yo) Program</b>	<b>T/Th AM</b>	<b>\$290 per month</b>

**How did you hear about MVP?**  Search Engine  Social Media  Word of Mouth

Ad: Location? \_\_\_\_\_  Referral: From? \_\_\_\_\_

Primary Address \_\_\_\_\_

Nickname (if any) \_\_\_\_\_ Primary Language \_\_\_\_\_

Allergies (must provide official doctor verification) \_\_\_\_\_

Name(s) and age(s) of sibling(s) \_\_\_\_\_

Others in family/relationship living with the student: \_\_\_\_\_

Identifying information: Hair Color \_\_\_\_\_ Eye color \_\_\_\_\_ Height \_\_\_\_\_  
Weight \_\_\_\_\_ Sex \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

(1) Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Name of Employer \_\_\_\_\_ Hours at work \_\_\_\_\_

Employer Address \_\_\_\_\_

(2) Parent/Guardian Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Address \_\_\_\_\_ Email \_\_\_\_\_

Cell # \_\_\_\_\_ Work # \_\_\_\_\_ Home # \_\_\_\_\_

Name of Employer \_\_\_\_\_ Hours at work \_\_\_\_\_

Employer Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## TUITION PAYMENT AGREEMENT

**2026-2027**

**Student's Name:** \_\_\_\_\_

<b>Session</b>	<b>Time</b>	<b>Days</b>	<b>Monthly Tuition</b>
<input type="checkbox"/> Pre-K: 4 yr old class (Red Class)	9:00 am - 1:00 pm	M, W, F	<b>\$425</b>
<input type="checkbox"/> Preschool: 3 yr old class (Green Class)	9:00 am - 12:00 pm	T, Th	<b>\$290</b>

**Payment is due on the first calendar day of each month.**

**Late Charges:** *Pickup:* Late pickup will result in a charge of **\$1.00 per minute** after scheduled class departure.  
*Payment:* If tuition is not received by the tenth of the month a service charge of **\$10.00** will be added for each late week.

*Returned Check:* There will be a **\$20.00** service charge for any check returned for insufficient funds.

**Tuition is a yearly fee that takes into account all holidays, vacations, and snow days on the school calendar. This yearly fee is divided into ten monthly payments.**

I am enrolling my child in Maple Village Preschool. I agree to pay the total tuition bill in the following manner:

- One tuition payment representing the final month (June 2027) must be paid at registration to hold the class reservation.
- Nine equal monthly payments due on the first of each month from September 2026 - May 2027.
- **\$50 materials fee** due September 1, 2026.

Checks may be hand delivered to school or mailed to:

Maple Village Preschool  
PO Box 122  
Dunstable MA 01827

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## **DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION**

**2026-2027**

Regulations for licensed kindergarten and preschool facilities require this information to be on file to address the needs of children while in care.

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### **DEVELOPMENTAL HISTORY:**

Age began sitting \_\_\_\_\_ crawling \_\_\_\_\_ walking \_\_\_\_\_ talking \_\_\_\_\_

Any speech difficulties? \_\_\_\_\_

Language spoken at home \_\_\_\_\_

### **HEALTH:**

Any known complications at birth? \_\_\_\_\_

Serious illnesses and/or hospitalizations \_\_\_\_\_

Special physical conditions, disabilities \_\_\_\_\_

Allergies i.e. asthma, hay fever, insect bites, medicine, food reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Regular medications \_\_\_\_\_

### **TOILET HABITS:**

Has toilet training been attempted? \_\_\_\_\_

How does your child indicate bathroom needs? \_\_\_\_\_

Word for: urination \_\_\_\_\_ bowel movement \_\_\_\_\_

Is your child ever reluctant to use the bathroom? \_\_\_\_\_

Does your child have accidents? \_\_\_\_\_

### **SLEEPING HABITS:**

Does your child become tired or nap during the day (include when and how long)? \_\_\_\_\_  
\_\_\_\_\_

When does your child go to bed at night? \_\_\_\_\_ and get up in the morning? \_\_\_\_\_

## DEVELOPMENTAL HISTORY AND BACKGROUND INFORMATION (continued)

### SOCIAL RELATIONSHIPS:

How would you describe your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By nature is he/she: \_\_\_\_\_ friendly \_\_\_\_\_ aggressive \_\_\_\_\_ shy \_\_\_\_\_ withdrawn

Has your child had experiences playing with other children? \_\_\_\_\_

If so, where? \_\_\_\_\_

Does your child attend the following: Play date w/parent \_\_\_\_\_ Play date w/out parent \_\_\_\_\_

Extracurricular activities (i.e. lessons, story time, sports) \_\_\_\_\_

Reaction to strangers? \_\_\_\_\_ Able to play alone? \_\_\_\_\_

Favorite toy and activities? \_\_\_\_\_

Fears (the dark, animals, etc)? \_\_\_\_\_

How do you comfort your child? \_\_\_\_\_

What is the method of behavior management/discipline at home? \_\_\_\_\_  
\_\_\_\_\_

What would you like your child to gain from this school experience? \_\_\_\_\_  
\_\_\_\_\_

### SPECIAL NEEDS

Has your child been evaluated for a special need? \_\_\_\_\_

Does your child have trouble with: \_\_\_\_\_ hearing \_\_\_\_\_ speech \_\_\_\_\_ emotions

Is there anything special we should know about your child? \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

## 2026-2027

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I authorize the staff of Maple Village Preschool who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and to secure necessary medical treatment for my child.

Student's Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Allergies \_\_\_\_\_

Chronic Health Conditions \_\_\_\_\_

Regular medications \_\_\_\_\_

### EMERGENCY CONTACTS: (In order to be contacted)

*\*\*These contacts are for emergency purposes only - this is not for regular school transportation needs\*\**

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person?      Yes      No

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person?      Yes      No

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone #: \_\_\_\_\_

Do you give permission for child to be released to this person?      Yes      No

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## TRANSPORTATION PLAN AND AUTHORIZATION

In accordance with the Commonwealth of Massachusetts Department of Early Education and Care regulation 7.13 (2) each child must have an individual transportation plan. Maple Village Preschool does not provide transportation to or from school.

**STUDENT'S NAME:** \_\_\_\_\_

**WILL ARRIVE AT THE PROGRAM:**

PARENT DROP OFF

OTHER (EXPLAIN) \_\_\_\_\_

**WILL DEPART FROM THE PROGRAM:**

PARENT PICK UP

OTHER (EXPLAIN) \_\_\_\_\_

I give permission for my child to be released from the program at the end of the day as stated above and/or I give my permission to the following people to receive my child at the end of the day. (If no one is authorized, please indicate below by writing "NO ONE").

***\*\*These contacts are for regular transportation needs only - this is not for emergency purposes.\*\****

1. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL# \_\_\_\_\_ HOME# \_\_\_\_\_

2. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL# \_\_\_\_\_ HOME# \_\_\_\_\_

3. NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_

CELL# \_\_\_\_\_ HOME# \_\_\_\_\_

**Picture identification is required upon request.**

***Any other transportation requests must be received in writing and maintained in the child's file.***

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PHOTOGRAPHIC PERMISSION

### 2026-2027

MAPLE VILLAGE PRESCHOOL, in cooperation with the Department of Early Education and Care Regulation 7.04 2(a)1, requests that the following permission slip be signed and returned to school.

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I, \_\_\_\_\_, legal parent/guardian of

(Please print Parent/Guardian Name)

\_\_\_\_\_, a MAPLE VILLAGE PRESCHOOL student

(Please print child's name)

hereby grant permission for the above-named child to be photographed during any activity conducted at or by the MAPLE VILLAGE PRESCHOOL during the 2026-2027 session. The resultant photographs or videos are to be used for the private, personal enjoyment of students, parent/guardian, and teachers of the MAPLE VILLAGE PRESCHOOL, including limited public display on the walls, bulletin boards, etc. of the MAPLE VILLAGE PRESCHOOL facilities. These pictures may also be shared on social media without names. Any further use of said photographs/videos without my expressed written consent is prohibited.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_