



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 _____

Class Requested Pre-K Program _____ M/W/F AM \$425 per month

Preschool (3yo) Program _____ T/Th AM \$290 per month

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: _____

Session	Time	Days	Monthly Tuition
• Pre-K: 4 yr old class (Red Class)	9:00 am - 1:00 pm	M, W, F	\$425
Preschool: 3 yr old class (Green Class)	9:00 am - 12:00 pm	T, Th	\$290

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.

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 _____