Mrs. Alexander's School				
	ROP STREET, BEVERLY MA. 01915 ra E. Walor, Executive Director_		alexandersschool@comcast.net ctor	
CHILD'S INFORMATION: (Requ	ired by EEC Regulatio	ns)		
Child's Name	NamePrimary Language			
ate of Birth Place of birth				
GenderHair Color	Height	Weight	Race	
Identifying Marks				
Allergies				
PARENT/GUARDIAN INFORMA	ATION:			
Parent/GuardianPrimary Tel. No				
Home Address				
Parent/Guardian E-mail:				
. Parent/GuardianPrimary Tel. No				
Home Address				
Parent/Guardian E-mail				
FAMILY INFORMATION/ SIBLIN	NGS:			
Name/Age	Name/Age			
Name/Age	Name	Name/Age		
CHOICE OF PRAGRAM/YEAR O	F INTEREST: SEPTEM	BER		
5-Day Kindergarten -Child must be 5 years old by August 31st				
5-Day Pre-K – Child must be 4 years old by August 31st				
5-Day Preschool -Child mus	st be 3 years old by Au	ıgust 31st		
3-Day Preschool -Child mus	st be 2.9 years old by	August 31 <sup>st</sup>		
Parent/Guardian #1 SignatureDate			_Date	
Parent/Guardian #1 Signature Date			_ Date	

A non-refundable \$50.00 processing fee is due for all new students with application.