

**Mrs. Alexander's School**

80 Lothrop Street, Beverly, Massachusetts 01915. Telephone (978) 922-1868/mrsalexandersschool@comcast.net  
Sandra E. Walor, Executive Director/Nichole E. Garry, Director

MRS. ALEXANDER'S SCHOOL

APPLICATION FORM

Date Rec'd: \_\_\_\_\_

Child's Name \_\_\_\_\_

Primary Language \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

Parent/Guardian Names:

Parent/Guardian #1 \_\_\_\_\_

Parent/Guardian #2 \_\_\_\_\_

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

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

Primary Tel. No. (\_\_\_\_) \_\_\_\_\_

Primary Tel. No. (\_\_\_\_) \_\_\_\_\_

Primary Family Email Address: \_\_\_\_\_

Parent/Guardian Business Information:

Parent/Guardian #1 Business \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

Parent/Guardian #2 Business \_\_\_\_\_ Title: \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

Others in Family/ Relationship/ Age:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

If Parent/Guardian cannot be contacted, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

Child's Physician/Clinic \_\_\_\_\_ Tel. No. (\_\_\_\_) \_\_\_\_\_

Identifying Information (Required by EEC Regulations)

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Sex \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_

Identifying Marks \_\_\_\_\_

**Allergies:** \_\_\_\_\_

Choice of Program: (Please check one)

\_\_\_ **Kindergarten** -Child must be 5 years old by August 31<sup>st</sup>

\_\_\_ **5-Day Pre-K** – Child must be 4 years old by August 31<sup>st</sup>

\_\_\_ **5-Day Preschool** -Child must be 2.9 years old by August 31<sup>st</sup>

\_\_\_ **3-Day Preschool** -Child must be 2.9 years old by August 31<sup>s</sup>

Parent/Guardian #1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian #2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Year of Interest: September \_\_\_\_\_

FOR CENTER USE

Date of Admission: \_\_\_\_\_ Age at Admission: \_\_\_\_\_

**(Emergency Permission (over))**

**EMERGENCY PERMISSION**

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child \_\_\_\_\_ (name). However, if I cannot be reached, I hereby authorize the Staff at Mrs. Alexander’s School to transport my child to the Beverly Hospital and to secure for my child the necessary medical treatment. I understand the staff members in the school are trained in the basics of First Aid and CPR and I authorize them to give my child First Aid and/or CPR when appropriate.

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

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**EMERGENCY RELEASE**

In case of emergency, give names of persons who can be called and are authorized to pick up your child if we cannot reach a parent.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

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**FIELD TRIP PERMISSION**

I hereby give my permission for \_\_\_\_\_ (child’s name) to be taken on any walking field trip within the community.

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

\*\*\*\*\*PHO

**TO PERMISSION**

I hereby give permission to take, use, publish, and reproduce photography, slides or videos of my child for the school’s records or publications for the following:

**School Slideshow** \_\_\_\_\_ **School Website** \_\_\_\_\_ **Facebook/Instagram** \_\_\_\_\_ **Email** \_\_\_\_\_

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

**E-Mail Distribution Permission Form**

I give Mrs. Alexander’s School permission to distribute my e-mail address(es) to other parents as contact info.

\_\_\_\_\_ yes, I give permission  
\_\_\_\_\_ no, I do not give permission

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

\_\_\_\_\_ Child’s Name