



**Dedham Community House Preschool**  
**70 Bullard Street**  
**Dedham, MA 02026**  
**(781) 329-4841**

**Enrollment Application**

Child's Name: _____	Child's Date of Birth.: ____/____/____
Parent's Name: _____	Parent's Name: _____
Address: _____	Address: _____
Town: _____ State: ____ Zip: _____	Town: _____ State: ____ Zip: _____
Home Phone #: (____) _____ - _____	Home Phone #: (____) _____ - _____
Work Phone #: (____) _____ - _____	Work Phone #: (____) _____ - _____
Cell Phone #: (____) _____ - _____	Cell Phone #: (____) _____ - _____
E-Mail Address: _____@_____	E-Mail Address: _____@_____

**Please circle your preferred schedule** (all children must attend a minimum of two days per week):

<b>Half Day (7 am – 12:30 pm):</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>
.....					
<b>Full Day (7 am – 5:45 pm):</b>	<b>M</b>	<b>T</b>	<b>W</b>	<b>Th</b>	<b>F</b>

Please read and initial each of the following:

- There is a **non-refundable** application fee of \$50 due with this enrollment application (new children only). Application and fee can be mailed to the DCH Preschool.  

Parent Initial \_\_\_\_\_
- Applications will be processed on a **first come, first served basis** with priority given to current families and children needing full time care. Once a family has been offered a spot, a \$500 tuition deposit will be required to reserve the spot. The deposit will be applied towards June tuition and is nonrefundable.  

Parent Initial \_\_\_\_\_
- It is required that a **2 week notice** be given to the DCH preschool if withdrawing from the program. **You will be held responsible for the final two weeks of tuition and the \$500 enrollment deposit will be forfeited.**  

Parent Initial \_\_\_\_\_

**\*Please see Tuition Rates sheet for current rates\***

Parent Signature: _____	Date: ____/____/____
PS Director Signature: _____	Date: ____/____/____

Office Use Only: Date rcvd: \_\_\_\_\_ Current PS Family \_\_\_\_\_ Reg. Fee \_\_\_\_\_ School Year \_\_\_\_\_