



BROOKLINE EARLY EDUCATION PROGRAM (BEEP) APPLICATION FOR 2019 – 2020 SCHOOL YEAR

Check here if you have PREVIOUSLY APPLIED TO BEEP FOR THIS CHILD FOR ANOTHER CHILD
 Check here if you have HAD ANOTHER CHILD (SIBLING) ENROLLED IN BEEP
 Check here if you have ATTENDED BEEP INFORMATION SESSION IF YES, WHAT YEAR _____

PROGRAM PREFERENCES

(Please number the programs you are willing to accept in order of preference. Be sure to check that your child is eligible, based on their age on September 1, 2019.)

PRESCHOOL PROGRAMS		Ages 2.6 – 3.2	
Classroom	Address	Days	Hours
<input type="checkbox"/> BEEP Preschool at Beacon St. / Trust Ctr.	1187 Beacon St.	Mon. – Fri.	8:00 am – 12:15 pm
<input type="checkbox"/> BEEP Preschool at Lynch Center	599 Brookline Ave.	Mon. – Fri.	8:00 am – 12:15 pm
<input type="checkbox"/> BEEP Preschool at Putterham	194 Grove St.	Mon. – Fri.	8:00 am – 12:15 pm

PRE-KINDERGARTEN PROGRAMS		Ages 3.0 – 4.11	
<input type="checkbox"/> BEEP Pre-K at Beacon St. / Trust Center	1187 Beacon St.	Mon. – Fri.	8:00 am – 12:15 pm
<input type="checkbox"/> BEEP Pre-K at Coolidge Corner School	345 Harvard St.	Mon. – Fri.	8:00 am – 12:15 pm
<input type="checkbox"/> BEEP Pre-K at Driscoll School	64 Westbourne Terrace	Mon. – Fri.	8:00 am – 12:15 pm
<input type="checkbox"/> BEEP Pre-K at Heath School	100 Eliot St.	Mon. – Fri.	8:00 am – 12:15 pm
<input type="checkbox"/> BEEP Pre-K at Lynch Center	599 Brookline Ave.	Mon. – Fri.	8:00 am – 12:15 pm
<input type="checkbox"/> BEEP Pre-K at Putterham	194 Grove St.	Mon. – Fri.	8:00 am – 12:15 pm
<input type="checkbox"/> BEEP Pre-K at Runkle School	50 Druce St.	Mon. – Fri.	8:00 am – 12:15 pm

Preferred Teacher? _____ (we will try to honor requests for preferred teachers when possible)

BEEP EARLY & EXTENDED DAY PROGRAMS		Ages 3.0 – 4.11		CIRCLE DAYS NEEDED	
*CHILD MUST BE ENROLLED IN A BEEP MORNING PROGRAM AT THE SAME LOCATION TO PARTICIPATE					
<input type="checkbox"/> BEEP Extended Day at Coolidge Corner	345 Harvard St.	Until 3:00 pm		M	T W TH F
<input type="checkbox"/> BEEP Extended Day at Coolidge Corner	345 Harvard St.	Until 5:45 pm		M	T W TH F
<input type="checkbox"/> BEEP Extended Day at Lynch Center	599 Brookline Ave.	Until 3:00 pm		M	T W TH F
<input type="checkbox"/> BEEP Extended Day at Lynch Center	599 Brookline Ave.	Until 5:45 pm		M	T W TH F
<input type="checkbox"/> BEEP Extended Day at Putterham	194 Grove St.	Until 3:00 pm		M	T W TH F
<input type="checkbox"/> BEEP Extended Day at Putterham	194 Grove St.	Until 5:45 pm		M	T W TH F

ADDITIONAL EXTENDED DAY OPTIONS

Separate school based extended day programs are available at the Trust Center and Heath School. Please contact these programs directly for more information. Trust Center: (617) 264-2801 Heath School: (617) 879-4565

→ PLEASE INDICATE WHETHER YOU WOULD STILL BE INTERESTED IN A PLACEMENT IF EXTENDED DAY IS NOT AVAILABLE: YES NO (check one)

STUDENT INFORMATION (PLEASE PRINT)

Name of Child (First, Middle, Last) _____
 Date of Birth _____ Gender _____ Place of Birth _____
 Elementary School District _____
 Language(s) spoken at home _____
 Name(s) and age(s) of sibling(s) _____
 Name(s) and age(s) of sibling(s) who have attended BEEP _____
 What year did sibling(s) attend BEEP _____ Name of teacher _____
 Have you previously applied to BEEP for this child or a sibling of this child and not been enrolled? Yes _____ No _____
 If yes, please tell us their names and the years that you applied _____

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STUDENT INFORMATION CONTINUED

The following information is intended to help us design an optimal mix of children for each classroom.

1. Has your child ever attended a preschool program? If yes, please indicate below:
- _____ Headstart Name & Dates _____
- _____ Nursery /Pre-School Name & Dates _____
- _____ Daycare Name & Dates _____
- _____ Playgroup Name & Dates _____
- _____ Early Intervention Name & Dates _____
- _____ Parent Child Home Program Dates _____

May we have your permission to contact these programs? Yes _____ No _____

2. Describe your child's personality at home, including comments about temperament, abilities, activity level, special interests and strengths: _____

3. Does your child need help in any of the following areas?

_____ Vision _____ Hearing _____ Speaking _____ Understanding _____ Getting along with others
_____ Paying attention _____ Physical activity

Elaborate, if necessary _____

4. Is there any other information you would like to share about your child's development? _____

5. Does your child have any health issues for which we should plan? _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1:

Name (First, Last) _____

Street Address _____ Apt # _____

City/Town & Zip _____

Home Phone _____

Day/Work Phone _____

Place of Employment _____

Cell Phone _____

Email Address _____

Parent/Guardian 2:

Name (First, Last) _____

Street Address _____ Apt # _____

City/Town & Zip _____

Home Phone _____

Day/Work Phone _____

Place of Employment _____

Cell Phone _____

Email Address _____

TUITION ASSISTANCE

_____ Check here if you have read the eligibility requirements for tuition assistance and feel that you qualify. There is a separate application for tuition assistance available on our website, brooklinebeep.org.

MAIL OR EMAIL THIS APPLICATION TO:

Brookline Early Education Program
333 Washington Street
Brookline, MA 02445
beep@psbma.org

FOR QUESTIONS, PLEASE CALL: 617.713.5471