

## BROOKLINE EARLY EDUCATION PROGRAM (BEEP) WAITLIST APPLICATION FOR 2018 – 2019 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 <u>number</u> 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, 2018.)							
PRESCHOOL PROGRAMS	Ages 2.6 – 3.2						
Classroom	Ages 2.6 - 3.2 Address	Days	Hours				
BEEP Preschool at Beacon St. / Trust Ctr.	1187 Beacon St.	Mon. – Fri.	8:00 am – 12:15 pm				
BEEP Preschool at Lynch Center	599 Brookline Ave.	Mon. – Fri.	8:00 am – 12:15 pm				
BEEP Preschool at Putterham	194 Grove St.	Mon. – Fri.	8:00 am - 12:15 pm				
PRE-KINDERGARTEN PROGRAMS Ages 3.0 – 4.11							
BEEP Pre-K at Beacon St. / Trust Center	1187 Beacon St.	Mon. – Fri.	8:00 am – 12:15 pm				
BEEP Pre-K at Coolidge Corner School	345 Harvard St.	Mon. – Fri.	8:00 am – 12:15 pm				
BEEP Pre-K at Driscoll School	64 Westbourne Terrace	Mon. – Fri.	8:00 am – 12:15 pm				
BEEP Pre-K at Heath School	100 Eliot St.	Mon. – Fri.	8:00 am – 12:15 pm				
BEEP Pre-K at Lynch Center	599 Brookline Ave.	Mon. – Fri.	8:00 am – 12:15 pm				
BEEP Pre-K at Putterham	194 Grove. St.	Mon. – Fri.	8:00 am – 12:15 pm				
BEEP Pre-K at Runkle School	50 Druce St.	Mon. – Fri.	8:00 am – 12:15 pm				
Preferred Teacher?			rred teachers when possible)				
BEEP EARLY & EXTENDED DAY PROGRAM							
*CHILD MUST BE ENROLLED IN A BEEP MORNING PR							
		_	CIRCLE DAYS NEEDED				
BEEP Extended Day at Coolidge CornerBEEP Extended Day at Coolidge Corner	345 Harvard St. 345 Harvard St.	Until 3:00 pm Until 5:45 pm	M T W TH F M T W TH F				
BEEP Extended Day at Coolings Corner BEEP Extended Day at Lynch Center	599 Brookline Ave.	Until 3:00 pm	M T W TH F				
BEEP Extended Day at Lynch Center	599 Brookline Ave.	Until 5:45 pm	M T W TH F				
BEEP Extended Day at Putterham	194 Grove St.	Until 3:00 pm	M T W TH F				
BEEP Extended Day at Putterham	194 Grove St.	Until 5:45 pm	M T W TH F				
ADDITIONAL EXTENDED DAY OPTIONS	ara available of the Trust C	Santar and Upath Caha	al Places contact these				
Separate school based extended day programs a programs directly for more information. Trust Ce							
→PLEASE INDICATE WHETHER YOU WOULD S			• • • • • • • • • • • • • • • • • • • •				
AVAILABLE:YESNO (check one)	HILL DE INTENEGLED IN A	PLACEIVILIVI II LATLI	IDED DATIS NOT				
AVAILABLE 120 NO (check one)			•				
CT INTERNATION (DI FACE DDI							
STUDENT INFORMATION (PLEASE PRI							
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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	ENT INFORMATION CONTINUED						
The follo	owing information is intended to help us design an o	optimal n	nix 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.	VisionHearing 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.	5. Does your child have any health issues for which we should plan?						
PAREI	NT/GUARDIAN INFORMATION						
Parent/Guardian 1:			Parent/Guardian 2:				
Name (First, Last)			Name (First, Last)				
•	Address Apt		Street Address				
City/Town & Zip			City/Town & Zip	·			
Home Phone			Home Phone				
Day/Work Phone			Day/Work Phone				
Place of Employment			Place of Employment				
Cell Phone			Cell Phone				
Email Address			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, www.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