

## BROOKLINE EARLY EDUCATION PROGRAM (BEEP) WAITLIST 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 CHI	LD (SIBLING) ENROLLE	D IN BEEP		
Check here if you have <b>ATTENDED BEEP IN</b>	NFORMATION SESSION	IF YES, WHAT YEAR		
PROGRAM PREFERENCES				
	accept in audor of profes	ionos. Do ouvo to obsolv th	ot vous child is sligible	
Please <u>number</u> the programs you are willing to a based on their age on September 1, 2019.)	accept in order or preier	ence. De sure to check ti	iat your child is eligible	
PRESCHOOL PROGRAMS	Ages 2.6 - 3	2.2		
Classroom	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	
RE-KINDERGARTEN PROGRAMS	<b>Ages 3.0</b> – 4	l.11		
BEEP Pre-K at Beacon St. / Trust Center	1187 Beacon St.	Mon. – Fri.	8:00 am - 12:15 pr	
BEEP Pre-K on Clark Rd.	2 Clark Rd.	Mon. – Fri.	8:00 am – 12:15 pr	
BEEP Pre-K at Coolidge Corner School	345 Harvard St.	Mon. – Fri.	8:00 am - 12:15 pn	
BEEP Pre-K at Heath School	100 Eliot St.	Mon. – Fri.	8:00 am – 12:15 pr	
BEEP Pre-K at Lynch Center	599 Brookline Ave.	Mon. – Fri.	8:00 am - 12:15 pr	
BEEP Pre-K at Putterham	194 Grove, St.	Mon. – Fri.	8:00 am – 12:15 pr	
BEEP Pre-K at Runkle School	50 Druce St.	Mon. – Fri.	8:00 am – 12:15 pr	
Preferred Teacher?		to honor requests for prefer	•	
BEEP EARLY & EXTENDED DAY PROGRAM			ca teachers when possis	
CHILD MUST BE ENROLLED IN A BEEP MORNING PR				
BEEP Extended Day on Clark Road	2 Clark Rd.	Until 3:00 pm	CIRCLE DAYS NEEDEI M T W TH F	
BEEP Extended Day on Clark Road	2 Clark Rd.	Until 5:45 pm	M T W TH F	
BEEP Extended Day at Coolidge Corner	345 Harvard St.	Until 3:00 pm	M T W TH F	
BEEP Extended Day at Coolidge Corner	345 Harvard St.	Until 5:45 pm	M T W TH F	
BEEP Extended Day at Lynch Center BEEP Extended Day at Lynch Center	599 Brookline Ave. 599 Brookline Ave.	Until 3:00 pm	M T W TH F M T W TH F	
BEEP Extended Day at Lynch Center  BEEP Extended Day at Putterham	194 Grove St.	Until 5:45 pm Until 3:00 pm	M T W TH F	
BEEP Extended Day at Putternam  BEEP Extended Day at Putternam	194 Grove St.	Until 5:45 pm	M T W TH F	
ADDITIONAL EXTENDED DAY OPTIONS		•		
Separate school based extended day programs a	are available at the Trust	Center and Heath School	ol. Please contact these	
programs directly for more information. Trust Ce				
→PLEASE INDICATE WHETHER YOU WOULD S	TILL BE INTERESTED IN	A PLACEMENT IF EXTEN	DED DAY IS NOT	
AVAILABLE: YESNO (check one)				
STUDENT INCODMATION (DI EASE DOI		•••••		
STUDENT INFORMATION (PLEASE PRI				
Name of Child (First, Middle, Last)				
Date of Birth Gender Pl				
lementary School District				
anguage(s) spoken at home				
lame(s) and age(s) of sibling(s)				
Name(s) and age(s) of sibling(s) who have attended				
What year did sibling(s) attend BEEP	Name of teach	ner		
Have you previously applied to BEEP for this child o	or a sibling of this child and	d not been enrolled?	Yes No	
f yes, please tell us their names and the years that	vou applied			

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STUD	ENT INFORMATION	CONTINUED					
The foll	owing information is inter	nded 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 Interventio	n Name & Dates	tes				
	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:						
Does your child need help in any of the following areas?							
	VisionHearing Speaking Understanding Getting along with others Paying attention Physical activity						
	Elaborate, if necessary						
4.	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?						
PARE	NT/GUARDIAN INFOR	RMATION					
Parent/Guardian 1:		Parent/Guardian 2:					
Name (First, Last)		Name (First, Last)					
Street Address Apt #		Street Address	Apt #				
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, 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