

# PASSAGE TO PRIMARY

Student(s) Name: \_\_\_\_\_

Student(s) Date of Birth: \_\_\_\_\_

Please select the Pre-Kindergarten, Preschool, or Day Care program that your student is currently attending. (You do not need to complete this form if your child is in BEEP.)

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> <b>Bright Horizons @ Brookline</b><br>138 Harvard St. | <input type="checkbox"/> <b>JCC Brookline/Brighton</b><br>50 Sutherland Rd.   | <input type="checkbox"/> <b>Little Corner Schoolhouse</b><br><input type="checkbox"/> 110 Harvard St.<br><input type="checkbox"/> 87 School St.<br><input type="checkbox"/> 396 Washington St. | <input type="checkbox"/> <b>Saint Mary's Preschool</b><br>67 Harvard St.   |
| <input type="checkbox"/> <b>Chestnut Hill School</b><br>428 Hammond St.        | <input type="checkbox"/> <b>Kehillath Israel</b><br>384 Harvard St.   | <input type="checkbox"/> <b>Longwood Medical Area Childcare Center</b><br>395 Longwood Ave.  | <input type="checkbox"/> <b>Sunshine Academy</b><br><input type="checkbox"/> 1658 Beacon St.<br><input type="checkbox"/> 164 Harvard St.<br><input type="checkbox"/> 302 Harvard St. |
| <input type="checkbox"/> <b>The Children's Center</b><br>69 Cypress St.        | <input type="checkbox"/> <b>Les Petits Nursery</b><br>178 Mason Terrace   | <input type="checkbox"/> <b>Panda Cub Academy</b><br>1200 Boylston St.   | <input type="checkbox"/> <b>Soule Early Childhood Center</b><br>652 Hammond St.  |
| <input type="checkbox"/> <b>Clinton Path Preschool</b><br>58 Irving St.        | <input type="checkbox"/> <b>Little Children Schoolhouse</b><br><input type="checkbox"/> 31 Boylston St.<br><input type="checkbox"/> 32 Harvard St.<br><input type="checkbox"/> 306 Washington St. | <input type="checkbox"/> <b>Pine Village</b><br>15 Saint Paul St.  | <input type="checkbox"/> <b>Tiny World</b><br>1613 Beacon St.  |
| <input type="checkbox"/> <b>Corner Co-Op Nursery</b><br>1773 Beacon St.        | <input type="checkbox"/> <b>Other:</b> _____  |  | <input type="checkbox"/> <b>Trust Center (TCEE)</b><br>1187 Beacon St.   |
| <input type="checkbox"/> <b>FJEEC @ Temple Israel</b><br>477 Longwood Ave      | Mailing Address: _____  |  |  |
| <input type="checkbox"/> <b>Friends Childcare</b><br>110 Cypress St.           | _____   |  |  |

I am the parent/guardian of the student(s) named above, and I hereby give permission to the Public Schools of Brookline to speak to my student's former teachers, principal, guidance counselor, and other school staff as needed. I also attest that I am a active Brookline resident and authorize the release of all records and any other information regarding my child to the Public Schools of Brookline.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please kindly fill out this form and send to:

**PUBLIC SCHOOLS of  
BROOKLINE**



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BROOKLINE, MA, 02445  
(617)-906-6769 | ENROLL@PSBMA.ORG