

APPLICATION FOR THE ABINGTON INTEGRATED PRESCHOOL PROGRAM

1. CHILD'S NAME: _____ SEX M F
2. CHILD'S DATE OF BIRTH: _____
3. PARENT/GUARDIAN NAME: _____
4. ADDRESS: _____, ABINGTON, MA
5. HOME PHONE: _____ WORK PHONE: _____
6. PRESCHOOL/DAYCARE HISTORY: _____
- _____

This application will be used for the lottery selection process only, which will determine those children to be screened for potential typically developing slots.

Parent/Guardian Signature _____

Please return to:

Mrs. Ann Harper, Principal
Early Childhood Center
1 Ralph Hamlin Lane
Abington, MA 02351