

PREK REGISTRATION

STUDENT AND FAMILY INFORMATION

| STUDENT INFORMATION | | | | | | | |
|---|-------------------|---|------------------|--|--|--|--|
| First Name: | Middle Name: | Last Name: | | | | | |
| Current Address: | | | | | | | |
| Foster Child or State Ward? | s 🔲 No | Student Lives With: | | | | | |
| City of Birth: | State: | Count | ry: | | | | |
| Primary Language: | | Date of Arrival in United States (If applicable): | | | | | |
| Date of Birth: | Sex/Gender: | ☐ Male ☐ | Non-binary | | | | |
| PARENT/GUARDIAN INFORMATION | | | | | | | |
| Parent/Guardian #1 | | Parent/Guardian #2 | | | | | |
| Name: | | Name: | | | | | |
| Address: | | Address: | | | | | |
| Primary Phone: Cell Work (|) – | Primary Phone: Cell Work () – | | | | | |
| Alternate Phone: Cell Work (|) – | Alternate Phone: Cell Work () – | | | | | |
| Email: | | Email: | | | | | |
| Relationship to Student: Mother | Father 🗌 Guardian | Relationship to Student: Mother Father Guardian | | | | | |
| SIBLING INFORMATION | | | | | | | |
| Please list all siblings currently or previously enrolled at Ashland Preschool. | | | | | | | |
| | Name | | Year(s) Attended | | | | |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |



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PREFERRED PROGRAM OPTIONS

Age Requirements and Eligibility

Children must be three years old on or by August 31, 2025 to register for preschool. Please note that if your child is five years old on or before August 31, 2025, your child is Kindergarten-eligible. We do not accept registration for Kindergarten-eligible students. For more information about Kindergarten registration, visit ashland.kl2.ma.us/register.

Program Options

For the 2025–2026 school year, the following Ashland Preschool program options are available. Please select your first choice as well as your second choice.

*Rates pending School Committee review

| Program | Schedule | Rank Choice | Annual Tuition | Waitlist |
|---|---|-------------|----------------|----------|
| Three-Year-Old Half -Day Program | Monday–Thursday 8:30 a.m. – 11 a.m. | | \$4,030* | |
| Multi-Age Program Full Day Program (3–5 Years) | Monday–Friday 8:30 a.m. – 2:55 p.m. | | \$12,290* | |
| Multi-Age Half-Day Program | Monday–Friday 12:10 p.m. – 2:55 p.m. | | \$5030* | |
| Four-Year-Old Full-Day Program | Monday–Friday 8:30 a.m. – 2:55 p.m. | | \$12,290* | |

A **non-refundable** registration fee of \$175 will be charged if your child is placed. The registration fee is due within a week of the placement notification.

Additional Options

We can provide early drop-off and late pick-up for an additional fee. To reserve your spot, please indicate which service you will need and how often. Our ability to provide this programming depends on families interested and staff availability.

| Option | Schedule | Day(s) Needed | | | | Fee | Total | |
|----------------|-----------------------|---------------|----|----|-----|-----|-------------|--|
| Early Drop-off | 7:30 a.m. – 8:30 a.m. | □М | ПТ | □W | □тн | □F | \$15/day | |
| Late Pick-up | 3 p.m. – 4:30 p.m. | □М | ПТ | □W | □тн | □F | \$22.50/day | |

Registration and Notification Process

Once you complete this application, please save and rename the file with your student's first and last name and email it to $\frac{dlowell@ashland.k12.ma.us}{dlowell@ashland.k12.ma.us}$

Applications will be processed by the date and time they arrive in our inbox. You will receive an email within one day (excluding holidays or weekends) confirming we received your registration. If you do not receive an email confirming receipt within one business day, please call (508) 881-0160 or email dlowell@ashland.k12.ma.us.

You will receive an email notification once your child is placed. At that time, you have one week to submit your *non-refundable* registration fee of \$175.00 to secure your spot.