

# Braintree High School Preschool Laboratory

## Application Form

Please fill this form out completely and legibly

### Child Applying

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Last Name	First Name	Middle Initial	Gender
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Nickname	Age (on 9/1/20)	Date of Birth
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### Parent or Guardian

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Parent/Guardian #1 Name	Street Address	Town	Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell
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Parent/Guardian #2 Name	Street Address	Town	Phone# <input type="checkbox"/> Home <input type="checkbox"/> Cell
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Parent/Guardian Signature	Alternate Phone # (If Applicable) <input type="checkbox"/> Home <input type="checkbox"/> Cell
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Email Address (This will be used as a major form of communication throughout the school year)

Language(s) spoken at home: \_\_\_\_\_

Does your child have allergies? Check one:  Yes or  No

If yes, please list: \_\_\_\_\_

Additional adults who are allowed to pick up your child, or allowed to be contacted, if we cannot reach parents.

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Name	Relationship	Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell
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Name	Relationship	Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell
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Name	Relationship	Phone # <input type="checkbox"/> Home <input type="checkbox"/> Cell
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