

Braintree High School Preschool Laboratory

Application Form

Please fill this form out completely and legibly

Child Applying

Last Name	First Name	Middle Initial	Gender
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Nickname	Age (on 9/1/19)	Date of Birth
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Parent or Guardian

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 _____

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.

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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