



# SCITUATE PUBLIC SCHOOLS

Scituate, Massachusetts 02066

## KINDERGARTEN CHOICE FORM

*Please print the following information clearly:*

*Parent Name:* \_\_\_\_\_

*Student Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Phone:* \_\_\_\_\_ *Cell Phone:* \_\_\_\_\_

*E-mail:* \_\_\_\_\_

*School:* \_\_\_\_\_

*Twin? Yes* \_\_\_\_\_ *No* \_\_\_\_\_

*Please select from the following:*

\_\_\_\_\_ *Half-Day Kindergarten (ALL students are eligible to receive free half-day kindergarten)*

\_\_\_\_\_ *Full-Day Kindergarten (Tuition-based Program-sliding fee scale available, if eligible)*

*To be eligible for the Full-Day Kindergarten program, parents must:*

- 1. Complete and return the FDK Application Packet by 3/1/12 (Kindergarten Choice Form, Application & Tuition Agreement)*
- 2. Pay 10% (\$300) deposit no later than March 31, 2012*