Fidelity House Preschool / Pre-Kindergarten Enrollment Application 2025-2026

25 Medford Street, Arlington, MA 02474 781-648-2005 email: <u>fidelityhouse@fidelityhouse.net</u>.

Website - <u>fidelityhouse.org</u>

All applications are processed on a first come, first serve basis and must include a \$75.00 non-refundable deposit payable online or by check to Fidelity House. Financial assistance requests are due with application.

Children must be 2.9 years of age by September 1, 2025 for program registration (or by date starting program if registration is late in the year).

Child's Name								M/F
		Primary Language						
Siblings/Ages								
Please list any allerg	ies, special needs, or	health issues	a to the street					
Parent/Guardian II	nformation							The second secon
Parent/Guardian 1 _	Parent/Guard	Parent/Guardian 2:						
Relationship	Relationship	Relationship						
Cell Phone	Cell Phone _	Cell Phone						
Email			Email					
Preferred Days/Op	tions Please circle e	ach day you are requ	esting.					
HALF DAY		8:30 am - 12:30 pm	M	T	W	Th	F	(circle each requested day)
MID DAY		8:30 am - 3:30 pm	М	T	W	Th	F	(circle each requested day)
FULL DAY		8:30 am - 5:00 pm	M	T	W	Th	F	(circle each requested day)
Early Arrival (limit	ted space)	8:00 am - 8:30 am	M	T	W	Th	F	(circle each requested day)
Early Arrival (limit	ted space)	7:30 am - 8:30 am	M	T	W	Th	F	(circle each requested day)
Afternoon arrival		2:00 pm - 5:00 pm	M	T	W	Th	F	(circle each requested day)
		installments - due e for tuition informat		mo	nth.	First	mont	ch's tuition (for September) is bill
Parent/Guardian S	ignature/Date							
Date	Receipt #	Total Due	Amount Paid		Balance			Initials
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