

## Registration Process

Parents must complete all of the following for admission into the pre-school program:

- Schedule Appointment for Screening April 8th or 9th. Call Pupil Personnel Office for appointment.
- Pre-school screening appointments on Wednesday, June 9th or Thursday, June 10th at the Veterans Elementary School beginning at 8:50 a.m. Packets should be returned at this time.
- Last day to pay in full is June 16th—After this date, you are on the payment plan.
- Enrollment in pre-k program is “first come, first serve” and will require a \$100 deposit to complete registration.
- Bank Checks & Money Orders Only. Payments may be made through online banking, payable to: Saugus Public Schools.

### For More Information Contact:

Pupil Personnel Office  
Saugus Public Schools  
23 Main Street  
Saugus, MA 01906

781-231-5000, ext. 108

Imagine, an Early Childhood Center!



## Highlights of Early Childhood Center

- \* Highly qualified teachers & paraprofessionals in each classroom.
- \* Program is supported with professional development.
- \* Standard-based curriculum.
- \* Community-based Early Childhood Center.
- \* Collaborative planning and assessment.
- \* Parent outreach program.
- \* Parent Advisory Council.
- \* Program aligned with district's kindergarten program.



Saugus Public Schools

**Early  
Childhood  
Center**  
at the  
**Ballard School**

Are you registered yet?





# EARLY CHILDHOOD CENTER



## Registration Form/Promissory Note Pre - Kindergarten



We can't wait for you to join us!!!

	Full Session	AM Session	PM Session
<b>Hours</b>	8:30-2:30 *Fri to 11	8:30-11:00	12:00-2:30
<b>Days</b>	Mon-Fri	Mon-Fri	Mon-Thurs
<b>Paid-in-Full *Less deposit</b>	<b>\$4,200 *</b>	<b>\$2,000 *</b>	<b>\$1,600 *</b>
<b>Payment Plan Total</b>	\$4,600	\$2,200	\$1,800
<b>Less Deposit</b>	\$4,500	\$2,100	\$1,700
<b>1st Payment 9/24/2010</b>	\$1,125	\$525	\$425
<b>2nd Payment 11/30/2010</b>	\$1,125	\$525	\$425
<b>3rd Payment 1/25/2011</b>	\$1,125	\$525	\$425
<b>4th Payment 3/25/2011</b>	\$1,125	\$525	\$425

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s) Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Neighborhood School \_\_\_\_\_

Parent's Signature \_\_\_\_\_

