

**TOWN OF ORLEANS
APPLICATION FOR PRE-K FUNDING
2022-2023 School Year**

Name of Parent(s): _____ Date: _____

Mailing Address: _____

Residential Address: _____

Primary Email: _____ Phone: _____

1. Proof of Residency: (please attach or scan one)

- Tax bill
- Copy of Lease of property
- Utility bill within last 60 days

2. Information about child/children that will be attending pre-school

- Please attach or scan a copy of a birth certificate for each child named below

▶ Name of child: _____ DOB: _____

Name of School/Provider: _____

Address: _____ Town: _____ Zip: _____

School Contact Name: _____

Phone: _____ Email: _____

School Schedule: M T W TH F full day _____ ½ day _____

Explain if different: _____

▶ Name of child: _____ DOB _____

Name of School/Provider: _____

Address: _____ Town: _____ Zip: _____

School Contact Name: _____

Phone: _____ Email: _____

School Schedule: M T W TH F full day _____ ½ day _____

Explain if different: _____

3. Additional comments or information that you would like to provide to us:

By submitting this application, you acknowledge that your child is currently enrolled, or scheduled for enrollment at a specific licensed school/provider for the current/upcoming school season.

If the licensed school/provider where your child is currently enrolled or scheduled to be enrolled is not part of the Orleans Universal Pre-K Program, please let us know so we may request their participation for you.

Please note, this application will need to be re-submitted each year your child is eligible for the Universal Pre-K Program.

Please submit the completed application to:

Town of Orleans
Attn: Administration/Pre-School
19 School Road
Orleans, MA 02653

Or scan/email to: townadministrator@town.orleans.ma.us