

MEDFORD EARLY EDUCATION PROGRAM

MEEP

489 Winthrop Street

Medford, MA 02155

Application

Full Name of Child: _____

Date of Birth: _____ Male: _____ Female: _____

Address: _____

Names of Parents or Guardians: _____

Home Phone Number: _____ Cell: _____

Primary Language of Child: _____

Primary Language of Home: _____

Parents Employment:

Mother: Company Name: _____ Phone: _____

Father: Company Name: _____ Phone: _____

Please number in order of preference:

___ 3/days 11:50 a.m. to 2:05 p.m. @ Medford High School

Cost: \$95.00/month (Tues., Thurs., Fri.)

___ 4/days 11:50 a.m. to 2:05 p.m. @ Medford High School

Cost: \$125.00/month (Mon., Tues., Thurs., Fri.)

___ 5/days 9:00 a.m. to 11:15 a.m. @ Medford High School

Cost: \$155.00/month

Mail to:

Debby Finn, MEEP Preschool Supervisor at Address listed above

Locations of programs are subject to change

We will notify you of acceptance

At the time of acceptance, first/last month's tuition will be due