

# Roberts Preschool

35 Court Street  
Medford, MA 02155

Full Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

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

Names of Parents/Guardians: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Primary Language of Child: \_\_\_\_\_

## **PARENTS EMPLOYMENT:**

Mother: Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Father: Company Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## **HOURS**

3/Days 8:45 a.m. to 11:00 a.m.(Tuesday, Thursday and Friday)

Cost: \$95.00 a month

**MAIL TO:** Alyssa Gaynor, Preschool Liaison  
Roberts Elementary School  
35 Court Street  
Medford, MA 02155