Application for Portsmouth Early Education Program
2025-2026

Student Name: _____   Date _____

Date of Birth:_____   Gender _____

Parent/Guardian Name(s): _____

Address:_____

Phone: _____   Email: _____

Sibling(s) in Portsmouth schools: _____

Please Circle the session you prefer:
4-day session Cost= $400/monthly:
      Monday- Thursday   8:30-12:30

2-day session Cost = $200/monthly (indicate preference below)
      Monday & Wednesday   8:30-12:30

      Tuesday & Thursday   8:30-12:30

Please Circle Yes or No for each of the following:

I will provide transportation	Yes	No
Child is current on immunizations	Yes	No
Child is toilet trained	Yes	No
Child demonstrates age-appropriate developmental skills	Yes	No

If selected for enrollment, families will be notified by May 16th. Additional paperwork will be required including a copy of the student's birth certificate and immunization records.

Office Use Only: Date Received __ /__/__