

Eliot-Pearson Children's School
Admissions Application
Tufts University
105 College Avenue
Medford, MA 02155
(617) 627-3434
Website: ase.tufts.edu/epcs

For School Use Only:

Application Date: _____

Acceptance Date: _____

Fee: \$25

Check/MO #: _____

Cash

Today's Date: _____ School Year: _____

Please check all of the groups below that you are interested in and that your child is age-eligible for:

Classroom Options

- Preschool East** (2.9 – 3.4 years old) Five mornings: M-F (8:30am-12:30pm)
- Preschool West** (3.5 – 4.5 years old) Five mornings: M-F (8:30am-12:30pm)
- PreK-K** (3.5-5 years old) Five mornings: M-F (8:30am-12:30pm)
- K-1st Grade** (5-7 years old) M, T, Th, F (8:30am-3:00pm) W (8:30am-12:30pm)
- K-1st Grade Spanish** (Wednesdays 12:30-3:00pm)

Extended Day Options: Minimum of 2 days to enroll

***Extended Day option is only available when enrolled in one of the above classrooms**

Please Choose Extended Day Times & Days Below:

*** Add Extended Day 12:30-4:00pm (PSE, PSW, PreK--K)**

Monday Tuesday Wednesday Thursday Friday

*** Add Extended Day 12:30-5:00pm (PSE, PSW, PreK--K)**

Monday Tuesday Wednesday Thursday Friday

*** Add Extended Day 12:30-5:30pm (PSE, PSW, PreK--K)**

Monday Tuesday Wednesday Thursday Friday

*** Add Extended Day 3:00-4:00pm (K-1st)**

Monday Tuesday Wednesday Thursday Friday

***Add Extended Day 3:00-5:00pm (K-1st)**

Monday Tuesday Wednesday Thursday Friday

***Add Extended Day 3:00-5:30pm (K-1st)**

Monday Tuesday Wednesday Thursday Friday

CHILD'S NAME: _____ Birth Date: _____ Gender: _____

Address: _____
(Street) (City/Town) (Zip)

Birthplace: _____ Primary Language: _____

Are Parents Living Together? _____ If no, to whom should mail be addressed? Parent I Parent II
(Please circle one)

I. PARENT'S NAME: _____ Relationship to Child: _____

Nature of Work: _____ Education: _____

Birthplace: _____ Place/Name of Business: _____

Tufts Affiliate? Yes No If Yes, please explain affiliation: _____
(Please circle one)

Home Address: _____
(Street) (City/Town) (Zip)

Business Address: _____
(Street) (City/Town) (Zip)

Primary Contact Phone #: _____ Secondary Contact Phone #: _____

Email Address: _____ Work Hours: _____

II. PARENT'S NAME: _____ Relationship to Child: _____

Nature of Work: _____ Education: _____

Birthplace: _____ Place/Name of Business: _____

Tufts Affiliate? Yes No If Yes, please explain affiliation: _____
(Please circle one)

Home Address: _____
(Street) (City/Town) (Zip)

Business Address: _____
(Street) (City/Town) (Zip)

Primary Contact Phone #: _____ Secondary Contact Phone #: _____

Email Address: _____ Work Hours: _____

SIBLINGS:

<u>Name</u>	<u>Birthdate</u>	<u>School</u>	<u>Grade</u>
-------------	------------------	---------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other members of household with whom your child resides:

Help us understand your child. Please share your child's personality, special characteristics or interests.

What games, play activities or daily routines (at home or outside the home) make your child happy or engaged?

What is your family/household like? What are things you like to do together as a family either at home or outside the home? Why?

Please explain how you manage your child's behavior?

Tell us about what is happening in your child's life right now that will help us better welcome or support your family.

Tell us about your child's health. Has your child had any major health/developmental complications or struggles? Are there any challenges with vision, hearing, walking, speaking, or attention? Other?

Has your child ever been evaluated or screened Yes/No? If yes, please attach documentation to this application explaining the nature of and results from the evaluation/screening/testing procedures.

Please list your child's previous group experiences if any (include play groups, Sunday Schools, or any other school setting):

What characteristic of Eliot-Pearson interests you? Why do you think this school will be a good fit for your child and your family?

How did you hear about Eliot-Pearson Children’s School? Please indicate where (name or publication).

This Section Is Optional

It is important for our school to collect demographic information.

Any information that you provide in this section will **NOT** be used in a discriminatory manner.

You may complete more than one section.

- Child with special rights or learning differences _____
- Racial Identity _____
- Ethnic and National Origin _____
- Religious Identity _____
- Family Makeup _____
 - Single Parent _____
 - Adoptive Family _____
 - LGBT+ Family _____
- Other: Please Specify _____

Eliot-Pearson Children’s School reserves the right to place children in the groups considered to be the best option for them.

Please enclose a \$25 non-refundable application fee, check made payable to “Trustees of Tufts”, to support our Scholarship Fund.

- If this is a hardship for your family, please check here.

Please Note:

- This form is not an enrollment form. After this form is returned, your child will be considered for enrollment into Eliot-Pearson Children’s School.
- Parents or guardians of children should arrange to visit the school at some point during the application period. Please call the school to make an appointment at least one week in advance.
- Financial aid information is located on the last page of this application.

Mail or return this application and fee to:

**Admissions-Attention: Maria Hastings
Eliot-Pearson Children’s School
105 College Avenue
Medford, MA 02155**

**Eliot-Pearson Children’s School accepts applications through September for the current school year. Applicants will be considered on the basis of availability.*

Financial Aid:

If your family's income falls within the eligibility guidelines listed **below**, and you are interested in applying for financial aid, information, timelines and supporting documents can be downloaded from our website, ase.tufts.edu/epcs. Parents' eligibility for scholarships are based on the following income guidelines set forth by the Massachusetts Department of Early Education and Care.



Thomas Weber
COMMISSIONER

Commonwealth of Massachusetts
Department of Early Education and Care (EEC)

INCOME ELIGIBILITY TABLE

Step 1: Use This Form to Determine Family Eligibility

1. Find the column with the family's size written at the top.
2. Read down the column until you come to the correct income (either annual or monthly).
3. Then read directly across to the left to determine "Percent of State Median Income."
4. Please refer to relevant SMI Percentage (i.e. initial vs. reassessment - OR - special needs) to determine the family's eligibility.

% of State Median Income (SMI)	Family of Two		Family of Three		Family of Four		Family of Five		Family of Six		Family of Seven		Family of Eight		Family of Nine	
	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly	Annual	Monthly
100% SMI	\$74,105	\$6,175	\$91,542	\$7,628	\$108,978	\$9,082	\$126,414	\$10,535	\$143,851	\$11,988	\$147,120	\$12,260	\$150,390	\$12,532	\$153,659	\$12,805

% of State Median Income (SMI)	Family of Ten		Family of Eleven		Family of Twelve	
	Annual	Monthly	Annual	Monthly	Annual	Monthly
100% SMI	\$156,928	\$13,077	\$160,198	\$13,350	\$163,467	\$13,622

*To calculate a monthly income from a weekly income multiply by 4.33.

*To calculate a monthly income from a bi-weekly income multiply by 2.167.