



Application for Portsmouth Early Education Program 2026-2027

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 15th. Additional paperwork will be required, including a copy of the student's birth certificate and immunization records.

Office Use Only: Date Received ___ / ___ / ___