

**Nauset Integrated Preschool
Peer Preschool Lottery Application**

Child's Name: _____

D.O.B: _____ Age as of September 1, 2022: _____

Street Address: _____

City/Town of Birth: _____ Gender: _____ M _____ F

Town of Residence: ___ Brewster ___ Eastham ___ Orleans ___ Wellfleet

Telephone: _____

Parent 1 Name: _____ Phone: _____

Email: _____

Parent 2 Name: _____ Phone: _____

Email: _____

Child resides with: ___ Both Parents ___ Mother ___ Father ___ Guardian ___ Other

First Native Language: ___ English ___ Other Please specify the language: _____

Sibling(s) (age and current school): _____

Is child currently enrolled in a preschool program? ___ Y ___ N, If so, Preschool Program information: _____

Has your child been involved with Early Intervention? ___ Yes ___ No

Does your child have an Individualized Education Program (IEP)? ___ Yes ___ No

Has your child been evaluated for Special Education? ___ Yes ___ No

Please check if you interested in Nauset Integrated Preschool:

___ Full day program 5 days per week 7:45 AM-2:00 PM.

___ Half day program 4 days per week with AM and PM sessions

Parent/Guardian Signature: _____ Date: _____

Please return to Nauset Integrated Preschool Office, Stony Brook Elementary School, 384 Underpass Road, Brewster, MA 02631