



Meg Stanton & Kristy Howell, Co-Directors
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617.418.5146

196 Putnam Street, East Boston, MA 02128

Parent/Guardian Name(s): _____

Student Name: _____ Date of Birth: _____

Sibling(s): _____ Date of Birth: _____

Student's Primary Language: _____

Mailing Address: _____

Phone (home): _____ (mobile): _____

Email Address: _____ Application Fee*: _____

* We require a \$50 fee to process your application and to place your child on the waitlist. Please mail this form and a check to: Harbor City School
196 Putnam Street
East Boston, MA 02128.

Monthly Tuition Schedule

Please circle your preferred schedule

	2 days/week	3 days/week	5 days/week
	Tuesday/Thursday	Monday/Wednesday/Friday	Mon. – Fri.
Morning Program 8:30-12:00	N/A	\$396 *** limited spaces available ***	N/A
Full Day Program 8:30-5:30	\$480	\$720	\$1200

**** Early drop off is at 8:00am for an additional \$5 per day

How did you learn about Harbor City School? _____

- Co-op Duties: I am interested in participating by taking on co-op duties in and out of the classroom.
 I prefer to pay a non-participation fee.
 I am not sure yet.

Preferred Start Date: _____