



Town of Chatham
 Office of the Select Board
 Town Manager
 549 Main Street
 Chatham, MA 02633



Jill R. Goldsmith
 TOWN MANAGER
jgoldsmith@chatham-ma.gov

Tel: (508) 945-5105
 Fax: (508) 945-3550
www.chatham-ma.gov

**DR. FLORENCE SELDIN
 FAMILY SUPPORT PROGRAM
 APPLICATION (FY2026)**

<p>OFFICIAL USE ONLY</p> <p>Rec'd: ___/___/___</p> <p>INITIALS: _____</p>
--

Name of Parent/Guardian(s): _____ Date: ___/___/___

Mailing Address: _____

Residential Address: _____

Primary Email: _____ Phone: () _____

1.) Proof of Residency (REQUIRED)

- Valid form of ID with a Chatham address

Proof of Residency (please attach or scan one)

- Tax bill
- Copy of Lease of property
- Utility Bill within the last sixty (60) days

2.) Information about Child/Children that will be attending Pre-School

- Please attach or scan a copy of a birth certificate for each **new** enrolling student.

▶ Name of Child: _____ DOB: ___/___/___

Child will be three (3) years old on or before August 31, 2025 to qualify for the first year of childcare or pre-school.

Child will be four (4) years old on or before August 31, 2025 to qualify for the second year of childcare or pre-school.

Name of Provider: _____

Address: _____ Town: _____ Zip: _____

Childcare Provider Contact Name: _____

Phone: _____ Email: _____

School Schedule: M T W TH F Full Day: _____ ½ Day: _____

Explain if different: _____

▶ Name of Child: _____ DOB: ___ / ___ / ___

Child will be three (3) years old on or before August 31, 2025 to qualify for the first year of childcare or pre-school.

Child will be four (4) years old on or before August 31, 2025 to qualify for the second year of childcare or pre-school.

Name of Provider: _____

Address: _____ Town: _____ Zip: _____

Childcare Provider Contact Name: _____

Phone: _____ Email: _____

School Schedule: M T W TH F Full Day: _____ ½ Day: _____

Explain if different: _____

3.) Additional Comments or Information that you would like to provide us:

4.) If your child is not currently enrolled in school, you may seek services from any licensed provider. A list of licensed providers is posted on the Town's website:

<https://www.chatham-ma.gov>

Please submit the completed application to:

Town of Chatham
Attn: Town Manager's Office
549 Main Street
Chatham, MA 02633

Or scan/email to: snealy@chatham-ma.gov

TOWN OF CHATHAM UNIVERSAL PRESCHOOL PROGRAM APPLICATION CHECKLIST

(Please Provide Copies of Each For Each New Student)

- Completed application
 - Copy of Birth Certificate of Child/Children
 - Tax Bill/Copy of Lease of Property/Utility Bill in the Last sixty (60) Days
 - Proof of residency in the form of an issued ID with a Chatham street address (parent/guardian).
-

(Please Provide Copies of Each For Each Previously Enrolled Student)

- Completed application
 - Tax Bill/Copy of Lease of Property/Utility Bill in the Last sixty (60) Days
 - Proof of residency in the form of an issued ID with a Chatham street address (parent/guardian).
-

All documents must be provided before the application will be processed.