



# Town of Chatham

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



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## DR. FLORENCE SELDIN FAMILY SUPPORT PROGRAM APPLICATION (FY2023)

### OFFICIAL USE ONLY

Rec'd: \_\_\_/\_\_\_/\_\_\_

INITIALS: \_\_\_\_\_

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 child named below.

▶ Name of Child: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Child will be three (3) years old on or before August 31, 2022 to qualify for the first year of childcare or pre-school.

Child will be four (4) years old on or before August 31, 2022 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, 2022 to qualify for the first year of childcare or pre-school.**

**Child will be four (4) years old on or before August 31, 2022 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](mailto:snealy@chatham-ma.gov)

# TOWN OF CHATHAM UNIVERSAL PRESCHOOL PROGRAM APPLICATION CHECKLIST

(Please Provide Copies of Each)

- 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).
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*All documents must be provided before the application will be processed.*