



## Enrollment Application

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent: \_\_\_\_\_ Parent: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Requested Schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
(7:30 – 12:30)	_____	_____	_____	_____	_____
(7:30 – 3:30)	_____	_____	_____	_____	_____

### Second Choice

	Monday	Tuesday	Wednesday	Thursday	Friday
(7:30 – 12:30)	_____	_____	_____	_____	_____
(7:30 – 3:30)	_____	_____	_____	_____	_____

### Extended Day (3:30 – 5:30 with pick up times at 4, 4:30, 5, 5:30 pending enrollment)

	Monday	Tuesday	Wednesday	Thursday	Friday
(4, 4:30, 5, 5:30)	_____	_____	_____	_____	_____

Comments: \_\_\_\_\_

Thank you for applying to enroll at The Children's Meetinghouse! Upon acceptance, a non-refundable deposit of a portion of the yearly tuition is requested to secure the enrollment opening. Deposit payments will be applied to the last month of tuition payment due in June. Please feel free to contact me with any questions! Return this enrollment form to:

*Amanda Gillis, Director – The Children's Meetinghouse*

*1413 Lowell Rd, Concord MA, 01742 | 978-371-0678 | [director@thechildrensmeetinghouse.org](mailto:director@thechildrensmeetinghouse.org)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_