

Enrollment Application

42 Elmwood Road Wellesley, MA 02481 (781) 237-5806

| School Year: | 2022/23 | 2023/24 | | |
|-------------------|-----------------|-----------------|--------------------------|--------------------------------------|
| Name of Child: | | | | Date of Birth: |
| Preferred Nam | ne at School: _ | | | |
| Address: | | | | |
| | | | | |
| | | | | : |
| Names of Pare | ents: | | | |
| Mother: | | | Father: | |
| Siblings: | | | Dates of births: | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Child's Allergies | : | | | |
| Chronic Health | Conditions: | | | |
| Developmental | Concerns: | | | |
| Has your child r | eceived any su | pport services? | (ie. Speech, OT, PT, Ear | ly Intervention, Sensory Integration |
| etc.)? | | | | |

| Program for Enrollment : | | | | |
|---|--|--|--|--|
| 3 year old (8:45 a.m11:45 a.m.) | | | | |
| ☐ 3 days (M, T, Th) | | | | |
| ☐ 4 days (M, T, W, Th) | | | | |
| ☐ 5 days (M-F) | | | | |
| 4 year old *(8:45 a.m. – 12:45 p.m.) | | | | |
| ☐ 4 days (M, T, W, Th) | | | | |
| ☐ 5 days (M-F) | | | | |
| Transitional Kindergarten *(8:45 a.m. – 1:30 p.m.) | | | | |
| ☐ 5 days (M-F) | | | | |
| Stay Day (until 2:45pm) Please select the days you are interested in registering for Stay Day. | | | | |
| ☐ Monday | | | | |
| ☐ Tuesday | | | | |
| ☐ Wednesday | | | | |
| ☐ Thursday | | | | |
| ☐ Friday | | | | |
| *All classes dismiss at 11:45 a.m. on Wednesday | | | | |
| Above schedules may be adjusted to comply with the Department of Early Education and Care regulations. | | | | |
| A Security Deposit of \$575 is due at the time of Registration. \$500 of this deposit will be deducted from | | | | |
| tuition. These fees are non-refundable and will not be applied to another school year. | | | | |
| | | | | |
| Cignod: Date: | | | | |
| Signed: Date: | | | | |
| | | | | |
| For Office Use Only: | | | | |
| Registration and Security Deposit paid: Check number | | | | |