



**ENROLLMENT APPLICATION
Framingham**

PLEASE PRINT CLEARLY

Child's Name _____ Date of Birth _____ Sex _____

Home Address _____
 Number Street City State Zip

Parent/Guardian Name _____ Parent/Guardian Name _____

Relationship to child _____ Relationship to child _____

Home address _____ Home address _____

Home phone _____ Home phone _____

Business name _____ Business name _____

Bus. Address _____ Bus. Address _____

Work phone _____ Work phone _____

Please check the program in which you would like to enroll your child:

ALL DAY PROGRAM
 Hours from: _____ am to _____ pm

Days needed (circle all that apply): **M T W R F**

CLASSROOM
 Infant
 Toddler
 Preschool
 PreKindergarten

Email Address: _____

APPLICATION FEE: \$200 and FIRST WEEK TUITION (non-refundable)

Please make checks payable to: MOUNTAIN SIDE CHILDREN'S CENTER

Parent signature: _____ Date: _____

Where did you hear about us? Web site, Friend, Yellow Pages, Other