

THE MEETING HOUSE CHILD CARE CENTER

APPLICATION FORM

Child's name: _____ **Date of birth or due date:** _____

Address: _____

Home Phone: _____

Parent's name: _____

Work phone: _____ **Email:** _____

Parent's name: _____

Work phone: _____ **Email:** _____

Days you want: **5 days** ___ **4 days** ___ **3 days** ___ **2 days** ___

*If you are interested in less than 5 days, and would only be interested in enrolling if specific days were available, please list the days you **MUST** have: _____

Thank you for your interest in Meeting House Child Care. We will call you as soon as we can anticipate an opening that suits your needs. Ordinarily this would happen in late January or February, when we begin enrollment for the upcoming fall. If your needs change after you've mailed in this application, please call to let us know: (617) 964-8145.

There is a \$30 processing fee which must be included with this application. Checks should be payable to: Meeting House Child Care Center. Applications will not be accepted or added to the waitlist prior to receipt of the application fee.

Mail application with \$30 application fee to:

Meeting House Child Care Center
Attn: Enrollment
848 Beacon St.
Newton, MA 02459