

CHRISTIAN CHILDREN'S CENTER
219 ADAMS ST. ABINGTON, MA 02351
(781) 878-8332

APPLICATION FOR ENROLLMENT

Child's Name _____ Date of Birth __/__/20 __ __

Address _____ Town/ZIP _____

Parent(s) Name _____ Phone numbers: _____

Best time to reach you and phone number _____

Email Address: _____

Circle the program you are interested in. Pick your first choice and your second choice.
Tuition is based on the school year, broken down into monthly payments.

Monday / Wednesday / Friday
9:00 – 12:00 \$205 per month
9:00 – 2:00 \$330 per month

Tuesday / Thursday
9:00 – 12:00 \$140 per month
9:00 – 2:00 \$225 per month

Monday thru Friday
9:00 – 12:00 \$340 per month
9:00 – 2:00 \$550 per month

Enrollment Date ____/____/____

(Circle One): Preschool or Pre-Kindergarten

If your first or second choice were not available would you like to go on the waiting list? Yes / No

Child's previous school experiences. _____

How did you hear about our program? _____

Do you know of anyone else who would like to know about our program? _____

Name _____ Address _____

Name _____ Address _____

A non-refundable application fee of \$45.00 is due upon enrollment of new students.

Mail to:
Christian Children's Center
P.O.Box 25
Abington, MA 02351-0025

Drop off at:
Christian Children's Center
First Baptist Church (Adams street entrance)
Mon & Fri 9-12 Tues – Thurs 9-2