

CHRISTIAN CHILDREN'S CENTER

219 Adams Street, Abington, MA 02351
(781) 878-8332

ENROLLMENT APPLICATION School Year: 2010-2011

(NEW STUDENTS: A non-refundable application fee of \$50 is due upon enrollment.)

Child's Name: _____ Date of Birth: _____

Address: _____ City/Town: _____

Parents Name(s): _____ Phone #: _____

Are you a member of First Baptist Church of Abington? _____ Yes _____ No

Best time to reach you: _____ at Phone #: _____

Check the program you are interested in. Indicate your **1st** choice and your **2nd** choice.

1st choice

Monday / Wednesday / Friday
___ 9:00 - 12:00 \$210 (10 monthly pmts)
___ 9:00 - 2:00 \$340 (10 monthly pmts)

Tuesday / Thursday
___ 9:00 - 12:00 \$145 (10 monthly pmts)
___ 9:00 - 2:00 \$235 (10 monthly pmts)

Monday thru Friday
___ 9:00 - 12:00 \$350 (10 monthly pmts)
___ 9:00 - 2:00 \$570 (10 monthly pmts)

2nd Choice

Monday / Wednesday / Friday
___ 9:00 - 12:00 \$210 (10 monthly pmts)
___ 9:00 - 2:00 \$340 (10 monthly pmts)

Tuesday / Thursday
___ 9:00 - 12:00 \$145 (10 monthly pmts)
___ 9:00 - 2:00 \$235 (10 monthly pmts)

Monday thru Friday
___ 9:00 - 12:00 \$350 (10 monthly pmts)
___ 9:00 - 2:00 \$570 (10 monthly pmts)

Enrollment Date: _____ Pre-school or Pre-Kindergarten: _____

If your first or second choice is 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? _____ Yes _____ No

Name: _____ Address: _____

Name: _____ Address: _____

You may either mail or drop off the application to the following:

Mail: Christian Children's Center
PO Box 25
Abington, MA 02351-0025

Drop off: Monday thru Friday 9:00 am -12:00 pm
Christian Children's Center
219 Adams Street (Adams Street entrance)
Abington, MA