

CHRISTIAN CHILDREN'S CENTER

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

KINDERGARTEN ENROLLMENT APPLICATION

School Year: 2010-2011

A non-refundable application fee of \$50 for all students 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 #: _____

Children entering kindergarten must be 5 years of age on or before August 31, 2010

All students must enroll in our Monday thru Friday 9:00 - 12:00 program
_____ \$350 (10 monthly pmts)

Extended days are available till 2:00 as followed

_____ 3 days Monday / Wednesday /Friday \$485 (10 monthly pmts)

_____ 5days Monday – Friday \$ 575 (10 monthly pmts)

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