

CHRISTIAN CHILDREN'S CENTER

219 Adams Street, Abington, MA 02351

(781) 878-8332

childrenscenter@abingtonfbc.com

KINDERGARTEN ENROLLMENT APPLICATION

School Year: 2011-2012

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, 2011

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

Monday thru Friday 9:00 - 12:00 program

_____ 10 monthly pmts **of** \$350.00

M/W/F 9:00-2:00 and T/TH 9:00-12

_____ 10 monthly pmts **of** \$485.00

Monday thru Friday 9:00 - 2:00 program

_____ 10 monthly pmts **of** \$575.00

A non-refundable application fee of \$50 for all students is due upon enrollment

An annual \$50 book fee is non- refundable and due upon enrollment.

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 -2:00 pm
Christian Children's Center
219 Adams Street (Adams Street entrance)
Abington, MA