

CHRISTIAN CHILDREN'S CENTER

219 Adams Street, Abington, MA 02351

(781) 878-8332

childrenscenter@abingtonfbc.com

PRE- SCHOOL 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 #: _____

Enrollment Date: _____

Children entering Pre-School birthdates must be between September 2007 – January 2009

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

1st choice

2nd Choice

Monday / Wednesday / Friday
___ 9:00 - 12:00 \$220 (10 monthly pmts)
___ 9:00 - 2:00 \$345(10 monthly pmts)

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___ 9:00 - 12:00 \$220 (10 monthly pmts)
___ 9:00 - 2:00 \$345 (10 monthly pmts)

Tuesday /Thursday
___ 9:00 - 12:00 \$155 (10 monthly pmts)
___ 9:00 - 2:00 \$240(10 monthly pmts)

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___ 9:00 - 12:00 \$155 (10 monthly pmts)
___ 9:00 - 2:00 \$240 (10 monthly pmts)

Monday thru Friday
___ 9:00 - 12:00 \$360 (10 monthly pmts)
___ 9:00 - 2:00 \$575(10 monthly pmts)

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

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