

## CHRISTIAN CHILDREN'S CENTER

219 Adams Street, Abington, MA 02351

(781) 878-8332

childrenscenter@abingtonfbc.com

### PRE- SCHOOL ENROLLMENT APPLICATION

2020-2021 School Year: All student enrolled in Pre-School must be 2.9 years by their start date.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip: \_\_\_\_\_

Parents Name(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Parents Email(s): \_\_\_\_\_

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

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

Monday / Wednesday / Friday

9 monthly payments (Sept. – May) at the amount below:

\_\_\_ 9:00 - 12:00 \$310 per month

\_\_\_ 9:00 - 2:00 \$465 per month (includes stay and play)

Wednesday / Friday

9 monthly payments (Sept. – May) at the amount below:

\_\_\_ 9:00 - 12:00 \$205 monthly

\_\_\_ 9:00 - 2:00 \$310 monthly

A non-refundable application fee of \$50 for all new 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

PO Box 25 Christian Children's Center

Abington, MA 02351-0025

#### Drop off during the school year

Christian Children's Center Monday, Wednesday or Friday 9:00 am – 12:00 pm

219 Adams Street (Adams Street entrance)

Abington, Ma 02351