

CHRISTIAN CHILDREN'S CENTER

219 Adams Street, Abington, MA 02351

(781) 878-8332

childrenscenter@abingtonfbc.com

PRE- KINGERGARTEN ENROLLMENT APPLICATION School Year: 2019-2020

Child's Name: _____ Date of Birth: _____

Address: _____ Town/Zip: _____

Parents Name(s): _____ Phone #: _____

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

All student enrolled in Pre-K must be 4 by August 31, 2019

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

_____	9:00 - 12:00	Monday / Wednesday / Friday	\$295 9 monthly payments for 10 month school year.
_____	9:00 - 2:00		\$445 9 monthly payments for 10 month school year.

A non-refundable application fee of \$50 for *new* all students is due upon enrollment
An annual \$50 book fee is non- refundable and due upon enrollment for all 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, Wednesday or Friday 9:00 am -12:00 pm
Christian Children's Center
219 Adams Street (Adams Street entrance)
Abington, MA