

# CHRISTIAN CHILDREN'S CENTER

219 Adams Street, Abington, MA 02351

(781) 878-8332

[childrenscenter@abingtonfbc.com](mailto:childrenscenter@abingtonfbc.com)

## PRE- KINGERGARTEN ENROLLMENT APPLICATION

School Year: 2018-2019

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

Best time to reach you: \_\_\_\_\_ at Phone #: \_\_\_\_\_

All student enrolled in Pre-K must be 4 by August 31, 2016

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

	Monday / Wednesday / Friday
___ 9:00 - 12:00	\$275 9 monthly payments for 10 month school year.
___ 9:00 - 2:00	\$430 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