

APPLICATION FOR ADMISSION

Application Date				
Please indicate the year that you	are applying	for		
Child's Name				
Date of Birth	Present Age			M/F
Home Address				
Street	City			Zip Code
We would like to attend:				
For children attending less tha	n 5 days, the	eir schedule m	ust include a Monda	y or Friday.
	Circle Day	ra (1st Chaina)	(2 nd Choice)	(3rd Choice)
Regular Day (8:30-3:30)	Circle Days: (1st Choice) M T W Th F		M T W Th F	` ′
Parent/Guardian's Name				
Address				
Occupation				
Home Phone	Work Pho		one	Hours
E-mail		Cell Pho	ne (optional)	
Parent/Guardian's Name				
Address				
Occupation				
Home Phone		Work Pho	one	Hours
E-mail		Cell Pho	Cell Phone (optional)	
Siblings				
(1) Name	Age	(3) Na	me	Age
(2) Name	Age	(4) Na	me	Age
Please check one of the following	g:			
I/we am/are a				

- Private paying family
- Voucher Applicant
- Somerville Partnership for Young Children

(1) Does your child have	any previous group experience?	If yes, where?
School/Center	City	Zip Code
If yes, describe your ex	?	
,, ,	P	
· · · · · ·	u expect from a childcare center (phi	ilosophy, activities, curriculum, discipline,
(4) Is there anything you y	vould like us to know about your chil	ld?
(1) is there mighting your	reard line as to know about your emil	
(5) How did you hear abou	nt Bigelow?	
	Please return with a \$50 non-ref	undable application fee
Applican	ts with a Voucher or for a CCPC slot	are exempt from the application fee.
	Bigelow strives for a diverse commun	
PLEASE NOTE: A	APPLICATION VALID FOR ONE	YEAR FROM THE DATE OF SUBMISSION
For office use only:	T 1.4	000 1-1-4/1-4
		Offered slot/date:
Accepted/date: Yes/	No Keason	Deposit Paid:

Admissions Notes: