



# APPLICATION 2015 - 2016

CBE EARLY LEARNING CENTER: 133 Prospect Street, Acton, MA 01720 - 978-266-9988 - preschool@bethelohim.org

### Child Information:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Gender:  Male  Female

Primary Language at home: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### Parent/Guardian Information:

#### \*Parent/Guardian 1

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

#### \*Parent/Guardian 2

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_) \_\_\_\_\_

Business Phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

\* If Person responsible for payment is different from parent/guardian, please include the following information:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

### Additional Information:

Child's Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Allergies/Special Diets? \_\_\_\_\_

\* Does your child have an Individual Health Plan due to a chronic health condition? \_\_\_\_\_ If yes, please attach.

\* Further, if applicable please attach copies of any custody agreements, court orders and restraining orders pertaining to the child.

Any special limitations or concerns? \_\_\_\_\_

How did you hear about the CBE Early Learning Center? \_\_\_\_\_

### Our program is open and welcoming to all.

The following optional question is asked in order to better understand our families:

Please tell us which religion(s), if any, your family most closely identifies with: \_\_\_\_\_

None  Prefer not to answer

(Over)

**I. Please select from one of two programs:**

**SCHOOL YEAR (SY)**

- 9am – 1pm
- 10 months: Sept – June
- Does not include public school vacations and holidays.

**SCHOOL YEAR EXTENDED (SYE)**

- 9am – 1pm **or**  9am – 4pm
- 10 months: Sept – June
  - Includes public school vacations and holidays.

**II. Please select the class (Doobim, Kofim or Parparim) and then the schedule you want for your child:**

**DOOBIM (Toddler) Class (Minimum entry age 15 months)**

- 2 Days/week: Which 2 days do you prefer? 1<sup>st</sup> choice \_\_\_\_\_; 2<sup>nd</sup> choice \_\_\_\_\_
- 3 Days/week: Which 3 days do you prefer? 1<sup>st</sup> choice \_\_\_\_\_; 2<sup>nd</sup> choice \_\_\_\_\_
- 4 Days/week: Which 4 days do you prefer? 1<sup>st</sup> choice \_\_\_\_\_; 2<sup>nd</sup> choice \_\_\_\_\_
- 5 Days/week

OR

**Kofim (Preschool) Class (3 years prior to September 1<sup>st</sup>)**

- 3 Days/week: Which 3 days do you prefer? 1<sup>st</sup> choice \_\_\_\_\_; 2<sup>nd</sup> choice \_\_\_\_\_
- 4 Days/week: Which 4 days do you prefer? 1<sup>st</sup> choice \_\_\_\_\_; 2<sup>nd</sup> choice \_\_\_\_\_
- 5 Days/week

OR

**Parparim (Pre-K) Class (4 years prior to September 1<sup>st</sup>)**

- 4 Days/week: Which 4 days do you prefer? 1<sup>st</sup> choice \_\_\_\_\_; 2<sup>nd</sup> choice \_\_\_\_\_
- 5 Days/week

**III. Early Drop Off and Extended Day Programs:**

7AM Early Drop:  M  T  W  Th  F

4 – 6PM Extended Day (option for School Year Extended Program only):

M  T  W  Th  F

Extended Day (for School Year Program only):

1 – 4PM  M  T  W  Th  F

1 – 6PM  M  T  W  Th  F

- I am interested in the 2015 **full** summer enrollment
- I am interested in the 2015 **partial** summer enrollment

This application is the first part of the registration process. **Please submit a deposit of \$250 with this application;** the \$250 will be applied to the tuition for the coming year. We will process your application, provide you with an Enrollment Contract and then provide you with your child's tuition payments. Thank you for choosing the CBE Early Learning Center.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name: \_\_\_\_\_

\$250 deposit enclosed.