

CANTERBURY CHILDREN'S CENTER  
 5 BRYANT STREET  
 WAKEFIELD, MA 01880  
 781-245-9636

Dear Parent or Guardian:

This sheet, along with the enrollment form, will help to determine the needs of parents of Pre-School children, as well as the needs of children who require child-care. **All classes will adhere to the Tuesday/Thursday, Monday/Wednesday/Friday, or five-day programs.** In order to determine what the staffing needs will be for next year, please fill in the bottom half of this sheet and return it to the Center with your new enrollment form and fee. When the information is received, plans can be made for our new school year.

Sincerely,  
 Janas Mercer  
 Executive Director

Child's Name: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program Chosen:  
 For a three-year old     For a four-year-old

Child's Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Please circle below:

Is your child currently enrolled at Canterbury                      Yes                      No

If your answer is yes, your child's teacher is: \_\_\_\_\_

On the back of this sheet please provide any information you feel is important to help the administration make the most appropriate placement for your child.

**Please check off each of the time blocks your child will require for care in the fall.**

	Monday	Tuesday	Wednesday	Thursday	Friday
Early Morning Child-Care 7:30-8:30 A.M.					
Preschool 8:30-11:30					
Afternoon Care 11:30-2:30 for Pre-schoolers					
Until 6:00 P.M.					

**CHILD'S FACE SHEET/ENROLLMENT FORM**

\*CLASSES WILL RUN WITH EIGHT OR MORE CHILDREN

**FOR CENTER USE**

Date of Admission \_\_\_\_\_

Check Number \_\_\_\_\_

**CHILD INFORMATION:**

Child's Name: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Full Date of Birth: \_\_\_\_\_

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

Primary Language: \_\_\_\_\_

Town & Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Child's identifying information required by the Department of Early Education and Care (child's photo can be substituted):**

Eye Color: \_\_\_\_\_

Hair Color: \_\_\_\_\_

Sex: \_\_\_\_\_

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

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

Skin Color: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Parent Guardian Name: \_\_\_\_\_

Parent Guardian Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Work Hours: \_\_\_\_\_

Work Hours: \_\_\_\_\_

**If parents can not be contacted, notify the following: (include names on emergency release form).**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Others in family(siblings): \_\_\_\_\_

Child's Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**CHECK PROGRAM & SUBMIT WITH NON-REFUNDABLE ENROLLMENT FEE ( ) \$50 PRE-SCHOOL**

**( ) \$50 PRE-SCHOOL WITH CHILD-CARE**

THREE YEAR OLD CLASS

FOUR YEAR OLD CLASS

A.M.

A.M.

( ) T, TH.

( ) T, TH.

( ) M, W, F

( ) M, W, F

( ) M-FR.

( ) M-FR.

**7:30-8:30 am care ( ) 11:30-2:30 p.m. care ( )**

**7:30-8:30 am care ( ) 11:30-2:30 p.m. care ( )**

**2:30-6:00 late day care ( ) Check all that apply.**

**2:30-6:00 late day care ( ) Check all that apply.**