

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

CHILD INFORMATION:

FOR CENTER USE

Date of Admission _____

Check Number _____

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

A.M.

() T, TH.

() M, W, F

() M-FR.

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

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

FOUR YEAR OLD CLASS

A.M.

() T, TH.

() M, W, F

() M-FR.

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

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