

Somerville Child Care Center

81 Highland Ave. Somerville, MA. 02143 617-625-6600 ext. 611101

Application Form

I would like for my child to start in (specify month and year) _____

Are you a Somerville Public School teacher _____ a city of Somerville employee
_____ City of Somerville resident _____ a resident of a surrounding community _____

Child's name _____ Birth date _____

Mother/Guardian _____

Address _____

Home telephone number _____

Work telephone number _____

Email address _____

Father/Guardian _____

Address _____

Home telephone number _____

Work telephone number _____

Email address _____

Days that you are interested in:

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Hours of care and education needed: _____ a.m. to _____ p.m.

How did you hear about the center? _____

Information about your child that you would like to share with us (language development, physical development, social development and cognitive development):

Parent Signature _____ Date of Application _____

(Center use only: Date the application was received _____ Initials _____)