

# 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 \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Best telephone number to be contacted at \_\_\_\_\_  
Email address \_\_\_\_\_

Father/Guardian \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
Email address \_\_\_\_\_

Days that you are interested in: (Full time enrollment has priority over part time enrollment)

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

Hours of care and education needed: \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
(Hours of operation 7:00a.m. to 4:00p.m. Summer and School vacation hours 7:30a.m. to 3:30p.m.)

How did you hear about the center? \_\_\_\_\_

Information about your child that you would like to share with us (We enroll up to 4 children who are not fully toilet trained).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date of Application \_\_\_\_\_

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