

Office Use

Date rec'd: _____

Date enrolled _____

**TEACHABLE MOMENTS CHILDHOOD PROGRAM INC.
188 Franklin St. Stoneham Ma. 02180**

APPLICATION FORM

Child's name: _____

Child's date of birth or date expected: _____

Requested Days and Hours: Circle the day or days you wish to reserve for your child the program is open from 8:00am-5:30pm Monday-Friday

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Parent's name: _____

Work phone: _____

Home phone: _____

Email: _____

Parent's name _____

Work phone: _____

Home phone: _____

Email: _____

Child's address: _____

Child's home phone: _____

Upon acceptance to the program a \$15.00 registration fee will be collected.

