

Office Use  
Date rec'd: \_\_\_\_\_  
Sept. age: \_\_\_\_\_

**Teachable Moments Childhood Program**  
\_\_\_\_\_ **188 Franklin St. Stoneham Ma. 02180 (Infant-Pre-K)**  
\_\_\_\_\_ **355 Franklin St. Melrose Ma.02176 (Infant-Pre-K)**  
\_\_\_\_\_ **561 Main St. Melrose Ma. 02176 (Pre-Pre-K Only)**  
**(Please check your desired location)**

### **Application Form**

**Child's name:** \_\_\_\_\_

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

**Child's date of birth or date expected:** \_\_\_\_\_

**Requested Days: Check the days you wish to reserve for your child(ren)**

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

**Parent's name:** \_\_\_\_\_

**Home/Mobile Phone:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent's name:** \_\_\_\_\_

**Home/Mobile Phone:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_