



Transportation Children’s Center
Leading Early Education in Boston MA
WAITLIST REGISTRATION APPLICATION

Child’s Name: _____ Sex: _____
Date of Birth / Due Date: _____ Home Number: _____
Address: _____ (STREET) (CITY) (ZIP)
Parent/Guardian Name: _____ Parent/Guardian Name: _____
Home Number: _____ Home Number: _____
Cell Number: _____ Cell Number: _____
Email address: _____ Email address: _____
Employer: _____ Employer: _____
Business Address: _____ Business Address: _____
Business Telephone: _____ Business Telephone: _____
Parents: Single: _____ Married: _____ Separated: _____ Divorced: _____
Child resides with: _____ Legal Custody: _____
Any known allergies: _____
Primary Language: _____ Other: _____

Person to contact in emergency, if parents cannot be reached:
Name: _____
Address: _____ Tel.: _____

ENROLLMENT OPTIONS: (Number of days when care is preferred) (Limited shared slots available)
_____ 5 days/week
_____ 2 days/week (M__ Tu__ W__ Th__ F__)
_____ 3 days/week (M__ Tu__ W__ Th__ F__)
_____ 4 days/week (M__ Tu__ W__ Th__ F__)
4 DAY OPTION UNAVAILABLE FOR INFANT ENROLLMENT
ENROLLMENT ELIGIBILITY (check all that apply)
_____ State Employee/DOT Employee
_____ Transportation Building
_____ General Public _____ Voucher

Starting Date Preferred: _____
Parent/Guardian Signature: _____

A non-refundable registration fee of \$50.00 must be paid at the time the registration application is submitted. A \$25 fee must be paid for siblings.

FOR OFFICE USE ONLY
DATE OF ADMISSION _____ REGISTRATION FEE _____
LETTER SENT HOME _____ REGISTRATION FEE DATE: _____