



# Transportation Children's Center

## Leading Early Education in Boston MA

### WAITLIST REGISTRATION APPLICATION

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ 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 \_\_\_)

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: \_\_\_\_\_

TRANSPORTATION CHILDREN'S CENTER WILL NOT DISCRIMINATE AGAINST ANY APPLICANT FOR ADMISSION BASED ON RACE, COLOR, RELIGION, CREED, OR NATIONAL ORIGIN.

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Transchildrencenter.org