



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____)

ENROLLMENT ELIGIBILITY (check all that apply)

____ State Employee

____ Transportation Building

____ General Public ____ Voucher

Starting Date Preferred: _____

Parent/Guardian Signature: _____

A non-refundable registration fee of \$65.00 must be paid at the time the registration application is submitted. A \$30 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.

