



Date: _____ Check One: Infant Toddler Preschool

Desired Enrollment Date _____

Child's Name: _____ Date of Birth: ___ / ___ / ___

Parents/Guardians: _____

Home Address: _____

(Street)

(City)

(State)

(Zip)

(Please check preferred method of contact)

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Languages spoken at home: _____

Please note medical history / special needs:

Does your child take any medications? No Yes: _____

Health forms are required, complete with all immunization dates and lead test. No child will be allowed to attend until the appropriate health form has been received and processed. Children must have had a physical within 12 months prior to attendance.

Has your child had previous child care (family or center-based) experience?

No Yes, at _____

Additional Comments: _____

How did you hear about Family ACCESS Early Learning Center? Check all that apply:

Referral (family, friend) Discussion Group Family ACCESS Website NAEYC Family ACCESS sign/banner Google
 Listing on another website: _____ Other: _____

Upon receipt of this completed Application Form and the \$25 non-refundable application fee, your child will be waitlisted. When a space is available, a two-week security deposit will be required.

\$25 Application Fee Enclosed (please make check payable to Family ACCESS of Newton)