



APPLICATION FOR ENROLLMENT

Parent or Guardian: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Child's Name: _____

Child's Date of Birth: _____ Email: _____

Circle program and preference of days

Kindergarten: (5 yr olds) Minimum of 5 AM's required
M-F AM 8:30-12:00 M-F Extended day 8:30-2:30 M-F Full day

AM Preschool (2.9-3yrs) and Pre-Kindergarten (4 yrs) 8:30-12:00 2, 3 or 5 days
MTWTHF MWF TTH

Extended Day (2.9-3, 4 & 5 yr olds 8:30 - 2:30) 2, 3, or 5 days
MTWTHF MWF TTH

Full Day (All ages 10 hour days) 2, 3 or 5 days (TWTH not allowed)
M T W TH F

Afterschool (5-6 yr olds 3:00-5:30) 2, 3 or 5 days
M T W TH F

SUMMER PROGRAM

I am interested in summer program: **YES** **NO**

Please bring or mail this form to us at:

*The Children's Castle
694 Main Street
West Newbury, MA 01985*