



ACADEMIC YEAR APPLICATION

For School Use Only:

Class: PJ MJ GJ JM

Date Application Received: _____

Age at Admission: _____

Date of Admission: _____

Lincoln Campus Newton Campus

Date: _____

CHILD INFORMATION

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____

City: _____ State _____ Zip: _____

Home Phone: _____ Primary Language: _____

Eye Color: _____ Hair Color: _____ Gender: _____

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____ Allergies: _____

PARENTS INFORMATION

Parent's Name: _____

Parent's Name: _____

Home Address: _____

Home Address: _____

if different from above

if different from above

City: _____ State/Zip: _____

City: _____ State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation & Title: _____

Occupation & Title: _____

Employer's Name: _____

Employer's Name: _____

Business Address: _____

Business Address: _____

City: _____ State/Zip: _____

City: _____ State/Zip: _____

Business Phone: _____

Business Phone: _____

Email: _____

Email: _____

please print

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Other: _____

Other: _____

Parents: Married Separated Divorced Deceased Other

If remarried, stepparents' names: _____

SIBLING INFORMATION

Sibling's Name: _____ DOB: _____ School Attending: _____
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- In the table below, please indicate in which program you wish to enroll your child. Space is limited so please select at least two options in order of preference.

<i>.Academic Year .Program Options</i>	<i>2-Day Program Tues/Thurs</i>	<i>3-Day Program Mon/Wed/Fri</i>	<i>5-Day Program</i>
<i>.Morning Session</i>			
<i>.Afternoon Session .Newton Campus only</i>			

- The Grand Jardin and the Jardin Maternel (Kindergarten) are only available as a 5-day option
- If eligible, please check the number of days desired for extended day:
Extended Day Program: 2-Day 3-Day 5-Day
- A \$50 non-refundable application fee must accompany this application.

We understand that, should our child be accepted, a non-refundable 20% deposit for the academic year will be remitted along with a signed copy of the Enrollment Contract. We have read and understood all policy and tuition information as written in the Teddy Bear Club General Information and agree to comply.

Parent Signature: _____ Date: _____
 Parent Signature: _____ Date: _____

Please return this application form and the \$50 application fee to:

Teddy Bear Club Admissions
 1466 Commonwealth Avenue
 West Newton, MA 02465

Please contact us with any questions at:

Newton: 617-332-1611
 Email: admin.newton@teddybearclub.org
 Lincoln: 781-259-0009
 Email: admin.lincoln@teddybearclub.org
 Fax: 617-332-1661