



# 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

Academic Year: \_\_\_\_\_

### 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*

*please print*

Other: \_\_\_\_\_

Other: \_\_\_\_\_

Parents: Married  Separated  Divorced  Deceased  Other

If remarried, stepparents' names: \_\_\_\_\_

**SIBLING INFORMATION**

Sibling's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Sibling's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_  
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 Sibling's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School Attending: \_\_\_\_\_

- 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.

<b>Academic Year Program Options</b>	2-Day Program <i>Tues/Thurs</i>	3-Day Program <i>Mon/Wed/Fri</i>	5-Day Program
Morning Session			
Afternoon Session <i>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](mailto:admin.newton@teddybearclub.org)  
 Lincoln: 781-259-0009  
 Email: [admin.lincoln@teddybearclub.org](mailto:admin.lincoln@teddybearclub.org)  
 Fax: 617-332-1661