

**ROGERS-PIERCE CHILDREN'S CENTER**

75 Pleasant Street, Arlington, MA 02474  
Tel. (781)646-5280 FAX (781)646-5295

**APPLICATION FOR ENROLLMENT**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program: \_\_\_\_\_

Start Date: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**DAYS NEEDED:**

Please indicate 3:00 or 6:00 pick-up for each day requested.

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Weds. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

If you wish to reserve a slot please enclose:  
\$100.00 Application fee and \$500 deposit which will be applied to your *last payment*.  
Please note that both are non-refundable.

How did you hear about us?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent signature \_\_\_\_\_

**FOR OFFICE USE**

Classroom Placement: \_\_\_\_\_

Start Date: \_\_\_\_\_

**Application Fee Received**

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Check # \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Check # \_\_\_\_\_