

**Newton-Wellesley Children's Corner  
Enrollment Application**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_

City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

Occupation/Company \_\_\_\_\_ Occupation/Company \_\_\_\_\_

Business Address \_\_\_\_\_ Business Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Home Address if Different

\_\_\_\_\_  
\_\_\_\_\_

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

Desired Schedule

M                      T                      W                      TH                      F

Time Schedule Desired: \_\_\_\_\_  
(no drop off after 9:15, pick-up at 12:30 or after 2:30)

*Please complete and submit with a \$50 non-refundable application fee.*