

# Yal-Day-New Day Care Center, Inc.

1845 Commonwealth Avenue

Brighton, MA 02135

Tel: 617-782-3661

Fax: 617-516-0993

## Application for Enrollment 2007-2008:

|                  |                      |               |
|------------------|----------------------|---------------|
| Application date | Requested start date | Date of birth |
|------------------|----------------------|---------------|

|                   |                    |             |
|-------------------|--------------------|-------------|
| Child's last name | Child's first name | Male/Female |
|-------------------|--------------------|-------------|

|                    |                |            |
|--------------------|----------------|------------|
| Mother's full name | Home telephone | Cell phone |
| Street address     | City/state     | Zip code   |
| Employer           | Position       | Work phone |
| Mother's email:    |                |            |

|                    |                |            |
|--------------------|----------------|------------|
| Father's full name | Home telephone | Cell phone |
| Street address     | City/state     | Zip code   |
| Employer           | Position       | Work phone |
| Father's email:    |                |            |

|                      |                              |                      |
|----------------------|------------------------------|----------------------|
| Home language (opt.) | Synagogue affiliation (opt.) | Nationalities (opt.) |
|----------------------|------------------------------|----------------------|

|   |   |
|---|---|
| Group:<br>Babies<br>Young Toddlers<br>Old Toddlers<br>Preschool | Schedule:<br>8:00-4:00<br>8:00-6:00<br>8:00-1:15 (Preschool only) |
|---|---|

|  |  |  |
|--|--|--|
| Enclosed:<br>\$350 registration fee<br>%10 of annual tuition | Date received: _____<br>Date received: _____ | Check#: _____<br>Check#: _____                           |
| Mother's Signature   | Father's Signature                           | FOR OFFICE USE ONLY<br>Status:   Approved   Wait<br>List |

|  |  |                   |
|--|--|-------------------|
|  |  | Start Date: _____ |
|--|--|-------------------|