

Office Use

Date rec'd: \_\_\_\_\_

Date enrolled \_\_\_\_\_

**TEACHABLE MOMENTS CHILDHOOD PROGRAM**

**188 Franklin St. Stoneham Ma.02180**

**WEEKEND APPLICATION FORM (for families choosing weekend care only)**

**Child's name:**

\_\_\_\_\_

**Child's date of birth or date expected:**

\_\_\_\_\_

**Requested Days and Hours:** Circle the days;

Schedule changes need to be made one month in advance.

Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ (weekend hours are billed at a rate of \$8.00 per hour and must be reserved by the month as follows: 10-2, 10-12, or 12-2)

**Parent's name:** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Parent's name** \_\_\_\_\_

**Work phone:** \_\_\_\_\_

**Home phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Child's address** \_\_\_\_\_

Child's home phone \_\_\_\_\_