



Academic Year Application

Lincoln Campus Newton Campus

Academic Year _____

<u>For School Use Only</u>	
Class:	PJ <input type="checkbox"/> MJ <input type="checkbox"/> GJ <input type="checkbox"/> JM <input type="checkbox"/>
Date Received:	_____
Age at Admission:	_____
Date of Admission:	_____

Child Information

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____ Place of Birth: _____

Home Address: _____ City: _____ 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: _____

City: _____
if different from above Zip: _____

City: _____
if different from above Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Occupation & Title: _____

Occupation & Title: _____

Employer's Name: _____

Employer's Name: _____

Business Address: _____

Business Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Business Phone: _____

Business Phone: _____

Pager: _____

Pager: _____

Email: _____

Email: _____

Other: _____
please print

Other: _____
please print

Parents: _____ Married _____ Separated _____ Divorced _____ Deceased _____ Other

If remarried, stepparents' names: _____

Sibling Information

Sibling's Name: _____ Age: _____ School Attending: _____

Sibling's Name: _____ Age: _____ School Attending: _____

Sibling's Name: _____ Age: _____ School Attending: _____

Sibling's Name: _____ Age: _____ School Attending: _____

Sibling's Name: _____ Age: _____ 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.

Academic Year Program Options	2-Day Program Tues/Thurs	3-Day Program Mon/Wed/Fri	5-Day Program
Morning Session			
Afternoon Session			

- The Grand Jardin and the Jardin Maternel (Kindergarten) are only available as a 5-day option.
- For Lincoln applicants interested in our extended day option, please check the number of days desired:
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

Lincoln: 781-259-0009

Fax: 617-332-1661

Email: tbc@teddybearclub.org

The Teddy Bear Club does not discriminate on the basis of race, gender, religion, cultural heritage, political beliefs, marital status, sexual preference, disability or national origin.