

TUFTS EDUCATIONAL DAY CARE CENTER
APPLICATION FORM
 2012 - 2013

FOR SCHOOL USE ONLY
Application Rcvd:

Today's Date	Age Now (years/months)
Desired Entrance Date	Age on Sept. 1 (years/months)
Please Indicate the Program You Are Applying For	
<input type="checkbox"/> Kindergarten (Age 5 by December 31)	
<input type="checkbox"/> Preschool (Age 2.9 to 4.11 by August 31)	

CHILD'S INFORMATION			
Last	First	M.I.	Birth Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Birthplace	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Primary Language			

NAME OF PARENT OR GUARDIAN	
Name	Relationship to Child
Nature of Work	Place/Name of Business
Work Hours	Birthplace
Home Address	
Business Address	
Home Phone ()	Business Phone ()
Email Address	Cell Phone ()

NAME OF PARENT OR GUARDIAN	
Name	Relationship to Child
Nature of Work	Place/Name of Business
Work Hours	Birthplace
Home Address	
Business Address	
Home Phone ()	Business Phone ()
Email Address	Cell Phone ()

SIBLINGS/STEP-SIBLINGS			
Name	Birth Date	School	Grade
Name	Birth Date	School	Grade

Name	Birth Date	School	Grade
QUESTIONNAIRE			
Other Members of Household With Whom The Child Resides:			
Please describe briefly the child's special characteristic and interests:			
Developmental Health History: Has the child had any major health/developmental issues? Are there any challenges with vision, hearing, walking, speaking, or attention? Other?			
Are there any facts about your family situation or your child's development which you feel would be helpful to the School in considering this application? (Including any previous evaluations*)			
Child's Previous Group Experience (please include any play group, day care, Sunday school, or previous preschool):			
How did you hear about Tufts' Educational Day Care Center? (Give name or publication)			
Why are you interested in the Tufts' Educational Day Care Center?			

FINANCIAL AID

Check this box if you are interested in applying for financial aid. Parents may request Scholarship information forms when notified that an opening has occurred for their child

Scholarship award decisions are based on financial need of applicants and on the funds we have available. Most decisions are made by the beginning of May.

OPTIONAL SECTION

No information you provide will be used in a discriminatory manner. You may complete more than one section.

- Child with special needs _____
- Racial Identity _____
- Cultural Identity _____
- Ethnic and National Origin _____
- Religious Identity _____
- Gay/Lesbian Family _____
- Single Parent _____
- Adopted Family _____
- Other; Please Specify _____

PLEASE NOTE

- This form is not an enrollment form. After this form is returned, your child will be considered for enrollment to TEDCC.
- Parents or guardians of children should arrange to visit the school at some point during the application period. Please call the school to make an appointment at least one week in advance.
- Return this form to:
Tufts Educational Day Care Center
165 Holland Street
Somerville, MA 02144
Tel: 617-627-3412
Fax: 617-623-2902
Attn: Arwa Hinnawi

Signature

Date