



Marblehead Children's Center REGISTRATION FORM

CHILD'S NAME _____ DOB _____ M / F _____
(Please indicate how you would like the teachers to address your child).

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ ADD'L PHONE _____

PARENT #1 NAME _____ EMAIL _____

PARENT #2 NAME _____ EMAIL _____

SIBLINGS _____

PHYSICIAN _____ PHONE _____

PROGRAM: MCC is open Monday through Friday from 7 AM – 6 PM.

Please indicate your child's schedule below.

Days:	Monday	Tuesday	Wednesday	Thursday	Friday
Hours:					

Start Date: _____

Class: _____

Marblehead Children's Center employs a policy of non-discrimination in all of its services to children and their families. Our registration policy operates on a first-come, first-serve basis, and we ask that you submit your completed form to us as soon as possible. A non-applicable, non-refundable, \$100.00 registration fee.

Referred By: _____

Please mail to:

Marblehead Children's Center: 21 Tioga Way: Marblehead, MA 01945: 781-631-1954