



110 Industrial Blvd.
Turners Falls, MA 01376
(413)-863-8333

Application for Pre-enrollment

Child's Full Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

Phone #: _____ Email: _____

Parent/Guardian: _____ Address (if different): _____

Home Phone: _____ Work: _____ Cell: _____

Parent/Guardian/Other: _____ Address (if different): _____

Home Phone: _____ Work: _____ Cell: _____

What days are you interested in? _____

What Schedule/Hours? _____

When would you like to start if availability? _____

Does your child have any special needs, medical conditions or
allergies? _____

This is a pre-enrollment form, the official paperwork will be filled out before your child's start date. This form puts your name on the wait list, your child will be enrolled as soon as possible.

Parent's Signature(s) _____ Date: _____