

THE BOSTON CHILDREN'S SCHOOL  
EIGHT WHITTIER PLACE  
BOSTON, MASSACHUSETTS 02114



- APPLICATION FOR ADMISSION -

Today's Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Place of Birth: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

Home  
Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**FAMILY INFORMATION:**

Parent/Guardian Name (1) \_\_\_\_\_ Profession: \_\_\_\_\_

Home  
Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business  
Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Parent/Guardian Name (2) \_\_\_\_\_ Profession: \_\_\_\_\_  
\_\_\_\_\_

Home  
Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**SIBLINGS:**

<u>NAME</u>	<u>GENDER</u>	<u>DATE OF BIRTH</u>
(1) _____	_____	____/____/____
(2) _____	_____	____/____/____
(3) _____	_____	____/____/____

Pediatrician's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**CONTACT INFORMATION:**

Other than a parent or guardian, who can be contacted in case of an emergency.

Name: \_\_\_\_\_ Relationship To Child: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Identifying Characteristics:** (Required by the Commonwealth of Massachusetts)

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Color of Eyes \_\_\_\_\_ Color of Hair \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**Additional Comments:**

**Please submit your completed application along with a \$40 dollar application fee. Your check can be made payable to the Boston Children's School, Inc. Your completed application can be mailed to the following address:**

*The Boston Children's School, Inc.*

*8 Whittier Place - Suite 1E*

*Boston, Massachusetts 02114*

**Thank you for considering the Boston Children's School. If you have any questions, please do not hesitate to contact us at 617-367-6239.**

***The Boston Children's School does not discriminate on the basis of race, religion, cultural heritage, political beliefs, marital status, disabilities, national origin or sexual orientation. In addition, a child's toilet training status is not an eligibility requirement for enrollment.***