Marblehead Children's Center
Registration Form 2014 - 2015

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:					

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, $75.00 registration fee (per family) must accompany this form and is due yearly.

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