



**The Teddy Bear Village**

**63 Fountain Street**

**Framingham, MA 01702**

**Phone #: 508-599-2100**

**Fax #: 508-599-2111**

Parent #1 Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent #2 Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of preferred enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

Location: The Teddy Bear Village Inc. Framingham

Days Needed (circle): Monday Tuesday Wednesday Thursday Friday

Hours Needed: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Has your child ever been in childcare? If yes.... where? \_\_\_\_\_

**Upon enrollment this form should be returned with a one-month deposit**

Deposit Amount \$ \_\_\_\_\_

**Deposit is non-refundable \_\_\_\_\_ (please initial)**

Signature \_\_\_\_\_ Date \_\_\_\_\_