



Enrollment Application

Please complete all questions and print clearly

Michele Whalen, Manager of Admissions

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Date										
Child's Name: (first, middle, last)				Birth Date:		Gender:				
Child's Name: (first, middle, last)				Birth Date:		Gender:				
Child's Name: (first, middle, last)				Birth Date:		Gender:				
Child(ren) lives with: (please circle all that apply)		Both Parents/ Guardians	Parent/ Guardian#1	Parent/ Guardian#2	Other: (please explain)			Language Spoken:		Ethnicity:
Parent/Guardian#1: (if guardian, please explain)		Language Spoken:			Ethnicity:		Single/Married:			
Full Name: (first, middle, last)				Birth Date:		Gender:				
Home Address: (street/city/zip)										
Contact Numbers:		Home:		Work:		Mobile:		Other: (please explain)		
Email Address:				Is this your work or personal email?			How often do you check this email address?			
Activity: (please circle all that apply)	Employed (full time)	Employed (part time)	Student (full time)	Student (part time)	Disability of Parent/Guardian	Disability of Child	Job Search	Self-Employed (please explain)		
Employer/school name:										
Employer/school address:										
Highest education level: (please circle which applies)		Some High School	G.E.D.	H.S. Diploma	Some College	Associate's Degree	Bachelor's Degree	Graduate Degree	Other	
Parent/Guardian#2: (if guardian, please explain)		Language Spoken:			Ethnicity:		Single/Married:			
Full Name:				Birth Date:		Gender:				
Home Address: (street/city/zip)										
Contact Numbers:		Home:		Work:		Mobile:		Other#: (please explain)		
Email Address:				Is this your work or personal email?			How often do you check this email address?			
Activity: (please circle all that apply)	Employed (full time)	Employed (part time)	Full time student	Part Time Student	Disability of Parent/Guardian	Disability Of Child	Job Search	Self-Employed (please explain)		
Employer/school name:										
Employer/school address:										
Education Level: (please circle which applies)		Some High School	G.E.D.	H.S. Diploma	Some College	Associate's Degree	Bachelor's Degree	Graduate Degree	Other	
Whom may we thank for referring you to us?					Telephone #					
Is your child enrolled in childcare now?					If yes, is it a state subsidized					
		Yes	No	Yes	No	Yes	No			
If yes, reason for transferring: Aging-Out Moving Other (please explain)										
If no, reason child care is needed:										
Location desired Please circle		Family Child Care:		Center Based:						
		Yes	No	Tremont Street, Boston	Harvard Street, Cambridge	Bickford Street, Jamaica Plain	Horadan Way, Roxbury	Mt. Pleasant Ave, Roxbury		
Was your child enrolled in any state subsidized slot within the past three months?					Yes		No			
If yes, when and what type? (please circle all that apply)		Voucher	Income Based	Homeless	DCF	TEEN	other: please explain			
Are you on EEC's statewide centralized waiting list?		Yes		No						
Parent/Guardian Signature:										
Office Use Only:										
Slot type eligible for:		Voucher	IE	DHCD	DCF	FF	TEEN			
Date care is needed (do not write ASAP):										
Kinderwait Application Date:				Confirmed HHID#:						
Intake Staff Name:					Date Application Received:					