



Enrollment Application

Please complete questions and print clearly

**\$100 Non-Refundable
Registration Fee for
Non-Subsidized Slots**

Michele Whalen, Manager of Admissions

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Date _____

Child's Name _____ Birthdate _____ Gender _____
(first) (middle) (last)

Child's Name _____ Birthdate _____ Gender _____
(first) (middle) (last)

Child's Name _____ Birthdate _____ Gender _____
(first) (middle) (last)

Child(ren) lives with: Both parents/Guardians Parent/Guardian #1 Parent/Guardian #2 Other (please explain) _____ Language Spoken _____ Ethnicity _____
(circle all that apply)

Parent / Guardian #1: (Please circle. If guardian, please explain) **Language Spoken:** **Ethnicity:** **Single / Married** (please circle)

Full Name _____ Birthdate _____ Gender _____
(first) (middle) (last)

Home Address _____ City _____ Zip _____

Contact Phone _____ (home) (work) (mobile) Other # (please explain)

Email Address _____ Frequency checked _____ Work Email? Yes No

Activity: (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 _____ Address _____

Highest education level: (please circle) Some High School G.E.D. High School Diploma Associate's Degree Bachelor's Degree Graduate Degree Other _____

Parent / Guardian #2: (Please circle. If guardian, please explain) **Language Spoken:** **Ethnicity:** **Single / Married** (please circle)

Full Name _____ Birthdate _____ Gender _____
(first) (middle) (last)

Home Address _____ City _____ Zip _____

Contact Phone _____ (home) (work) (mobile) Other # (please explain)

Email Address _____ Frequency checked _____ Work Email? Yes No

Activity: (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 _____ Address _____

Highest education level: (please circle) Some High School G.E.D. High School Diploma Associate's Degree Bachelor's Degree Graduate Degree Other _____

Referral _____ Contact Phone _____

Child currently enrolled in childcare? Yes No State subsidized slot? Yes No

If yes, reason for transferring: Aging-out Moving Other (please explain) _____ If no, reason childcare is needed _____

Desired Location: (please circle) Franklin Square House, Roxbury Mt. Pleasant Ave, Roxbury Horadon Way, Roxbury Tremont Street South End, Boston Harvard Street, Cambridge Bickford Street, Jamaica Plain Family Childcare? Yes No

Was your child enrolled in any state subsidized slot within the past 3 months? Yes No

If yes, what type: (circle all that apply) Voucher Income Based Homeless DCF Teen Other (please explain) _____ Are you on ECC's statewide waiting list? Yes No

Parent/Guardian Signature _____

OFFICE USE ONLY

Date Application Received _____ Intake Staff Name _____

Slot type eligible for: Voucher IE DCHD DCF FF Teen Date care is needed (do not write "ASAP") _____

Kinderwait Application Date _____ Confirmed HHID# _____