

ALEF-BET CHILD CARE, INC.  
8 Tremont Street Cambridge, MA 02139  
(617) 547-3651 (phone) (617) 576-6250 (fax)  
[Alef-Bet@msn.com](mailto:Alef-Bet@msn.com) • [www.alefbet-childcare.org](http://www.alefbet-childcare.org)

**APPLICATION FORM**

<b>Office Use Only:</b>	S	TBS	Date Application Rec'd _____
Date Visit Scheduled _____			Application Fee Rec'd _____
			Enrollment Dep. Rec'd _____
Alef Bet Gimmel	Entry Age _____	Entry Date _____	

***Please print clearly:***

Child's Name \_\_\_\_\_

Home Address (1) \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone (1) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Home Address (2) \_\_\_\_\_  
(street) (city) (state) (zip)

Home Phone (2) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Gender \_\_\_\_\_ Current Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Desired Enrollment Date \_\_\_\_\_

Please circle your desired schedule below:

Number of Days per week: 3 4 5

Specific Days: M T W Th F

Full Time (8:30-5:30 M-Th, 8:30-3:30 F)

Part Time (8:30-3:30)

Part Time (8:30-12:30)

Special Request (please specify) \_\_\_\_\_

Parent/Legal Guardian Name(1) \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Days/Hours at work \_\_\_\_\_

Parent/Legal Guardian Name(2) \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Days/Hours at work \_\_\_\_\_

Parent/Legal Guardian Name(3) \_\_\_\_\_

Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

Business Phone \_\_\_\_\_ Days/Hours at work \_\_\_\_\_

-over-

Parent/Legal Guardian Name(4) \_\_\_\_\_  
Occupation \_\_\_\_\_  
Business Address \_\_\_\_\_  
Business Phone \_\_\_\_\_ Days/Hours at work \_\_\_\_\_

Child's Living Arrangements and Persons at Home (Please describe and give names, ages and gender of persons in each household)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language/s Spoken in the Home: \_\_\_\_\_

Child's Physician \_\_\_\_\_  
Physician's phone # \_\_\_\_\_

General Health \_\_\_\_\_ Allergies \_\_\_\_\_

Identifying Information (Required by the Office for Child Care Services regulations):

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_  
Gender \_\_\_\_\_ Ethnicity \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Child's Previous Education (Playgroup, Daycare, School, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give a brief description of your child, including temperament, likes and dislikes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your philosophy of discipline \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you current members of Temple Beth Shalom \_\_\_\_\_  
Have you had a child in Alef-Bet Child Care prior to this child? \_\_\_\_\_ Year/s \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

A non-refundable application fee of \$30 is required for each child.  
Please make check payable to *Alef-Bet Child Care, Inc.* and mail with application to:

Alef-Bet Child Care, Inc.  
8 Tremont Street  
Cambridge, MA 02139

*Alef-Bet supports and believes in promoting equal employment opportunities regardless of race, color, national origin, ethnic origin, citizenship, religious creed, gender, age, marital status, sexual orientation, or disability.*