



Application Form

Thank you for your interest in enrolling your child in the Little Children Schoolhouse. The application process is free of charge.

So that we might match your child with an opening that best meets their needs and your schedule, we ask that the following information be supplied. Upon completion, please direct this form to our office at 306 Washington St, Brookline, Ma 02446 or email it to admin@littlechildrenschoolhouse.com. We will call as soon as possible to confirm receipt and discuss possible openings for your child.

Classroom: _____ Date: _____

Child's Name: _____ Date of Birth: _____

Desired Location for a Tour:

- 32 Harvard St. * Infants /Toddlers
- 306 Washington St. *Preschool/Pre-K
- 31 Boylston St. * Infants/Toddlers/Preschool/Pre-K

Desired Enrollment:

Full-time

Part-time

(check preferred days) __M __T __W __Th __F

Parent or Guardian's name : _____

Contact Information

Work : _____

Home : _____

Cell : _____

E-mail : _____

Approximate enrollment date : _____

Child's age at enrollment time : _____

Comments: _____
