

**2012-2013  
Application for Enrollment**



**267 Winter Street, Duxbury, MA 02332**

---

Berrybrook was created for all children and their families whatever their race, religion, cultural heritage, political beliefs, national origin, martial status, sexual orientation, or disability.

Full Name of Student: \_\_\_\_\_ Returning Family? \_\_\_\_\_

Preferred Name (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(for example: Tommy for Thomas)

Age September 2012 \_\_\_\_ years \_\_\_\_ months Male \_\_\_\_ Female \_\_\_\_

Parent 1 Name: \_\_\_\_\_ Parent 2 Name: \_\_\_\_\_

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

Town & Zip: \_\_\_\_\_ Town & Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email for Communication from the Office: \_\_\_\_\_

Other Members of the Household: \_\_\_\_\_

Previous Group Experience: \_\_\_\_\_

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

Program Preference: 2 Day AM 3 Day AM 4 Day PM 5 Day AM

*Every effort will be made to accommodate parent preference. However, Berrybrook reserves the right to make class placement based on the needs of the children and the composition of the group.*

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

A **non-refundable registration fee of \$40.00** must accompany this application.

---

Office use: Registration Fee \_\_\_\_\_ Tuition Deposit \_\_\_\_\_