

2024-2025
Application for Enrollment



267 Winter Street, Duxbury, MA 02332
www.berrybrookschool.org

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

Full Name of Student: _____ Returning Family? _____

Preferred Name (if applicable): _____ Date of Birth: _____
(for example: Tommy for Thomas. This will be the name used for nametags, cubbies, class lists, etc.)

Age September 2024 _____ 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: _____

Family Email Address: _____

Other Members of the Household: _____

Previous Group Experience: _____

New Families: How did you hear about Berrybrook? _____

Program Preference: Beginners 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 application fee of \$50.00** must accompany this application.
Cash, check, or Venmo (@berrybrook267) accepted.

For Office Use Only:

Application Received On ____/____/____

Enrollment Contract Received On ____/____/____

App Fee Paid Cash Check Venmo

Tuition Deposit Paid: _____ Cash Check Venmo