



**Transportation Children's Center**  
**Leading Early Education in Boston MA**  
**WAITLIST REGISTRATION APPLICATION**

Child's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth / Due Date: \_\_\_\_\_ Home Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 (STREET) (CITY) (ZIP)

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Home Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email address: \_\_\_\_\_ Email address: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Business Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Parents: Single: \_\_\_\_\_ Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_

Child resides with: \_\_\_\_\_ Legal Custody: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Primary Language: \_\_\_\_\_ Other: \_\_\_\_\_

Person to contact in emergency, if parents cannot be reached:

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

Address: \_\_\_\_\_ Tel.: \_\_\_\_\_

**ENROLLMENT OPTIONS:** (Number of days when care is preferred) (Limited shared slots available)

\_\_\_\_\_ 5 days/week

\_\_\_\_\_ 2 days/week (M\_\_ Tu\_\_ W\_\_ Th\_\_ F\_\_)

\_\_\_\_\_ 3 days/week (M\_\_ Tu\_\_ W\_\_ Th\_\_ F\_\_)

\_\_\_\_\_ 4 days/week (M\_\_ Tu\_\_ W\_\_ Th\_\_ F\_\_)

*4 DAY OPTION UNAVAILABLE FOR INFANT ENROLLMENT*

**ENROLLMENT ELIGIBILITY (check all that apply)**

\_\_\_\_\_ State Employee

\_\_\_\_\_ Transportation Building

\_\_\_\_\_ General Public \_\_\_\_\_ Voucher

Starting Date Preferred: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

A non-refundable registration fee of \$65.00 must be paid at the time the registration application is submitted. A \$30 fee must be paid for siblings.

FOR OFFICE USE ONLY	
DATE OF ADMISSION _____	REGISTRATION FEE _____
LETTER SENT HOME _____	REGISTRATION FEE DATE: _____

TRANSPORTATION CHILDREN'S CENTER WILL NOT DISCRIMINATE AGAINST ANY APPLICANT FOR ADMISSION BASED ON RACE, COLOR, RELIGION, CREED, OR NATIONAL ORIGIN.