

Growing By Leaps & Bounds, Inc.,
12 Saint Marks, Rd., Burlington, MA 01803

Enrollment Form

Child's Information

Child's Name: _____ Date of Birth: _____
Age at Admission: _____ Date of Admission: _____
Child's Home Address: _____
Home Phone Number: _____
Primary Language: _____ Identifying Marks: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____
Sex: _____ Height: _____ Weight: _____

Parent/Guardian Information

1.) Parent/Guardian Name: _____ Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____
Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____
Hours at Work: _____

2.) Parent/Guardian Name: _____ Relationship to Child: _____
Home Address: _____
Reachable Phone Number: _____
Email Address: _____
Business Name: _____
Business Address: _____
Business Phone Number: _____
Hours at Work: _____

Additional Information

Child's Physician: _____
Address: _____ Phone Number: _____
Allergies/Special Diets? _____
Individual Health Plan for child with a chronic health condition? If yes, please attach. _____
Copies of any custody agreements, court orders, and restraining orders pertaining to the child? If yes, please attach. _____
Special limitations or concerns? _____

Tuition/Schedule Information

I would like my child's schedule to be as follows (please include drop-off and pick-up times):
Monday: _____, Tuesday: _____, Wednesday: _____, Thursday: _____, Friday: _____
Please select one: I wish to pay weekly tuition _____ **OR** I wish to pay monthly tuition _____

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. **Parent/Guardian initials:** _____

Parent/Guardian Signature

Date