



LEXINGTON  
PLAYCARE  
CENTER

6 MERIAM STREET, LEXINGTON, MA 02420

**OFFICE USE ONLY**

Date: \_\_\_\_\_ SPC:   
SUL: \_\_\_\_\_  
\_\_\_\_\_  
Age: \_\_\_\_\_

**APPLICATION**

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_  
Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_

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

**FAMILY DATA**

**Parent:** \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Hours Worked: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**Parent:** \_\_\_\_\_ Occupation: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Business Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_ Hours Worked: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Please list names and ages of other children in family who are currently on our waiting list.

Name: \_\_\_\_\_ / Age: \_\_\_\_\_ Name: \_\_\_\_\_ / Age: \_\_\_\_\_

# SCHEDULE REQUEST

1. Child's Name: \_\_\_\_\_

2. Desired Starting Date: \_\_\_\_\_

3.  10 - Month Program (September - June)  
 12 - Month Program (September - August)

4a. Indicate **First Choice** of Days:  
(One choice only please)

Monday through Friday

Monday, Wednesday, Friday

Tuesday, Thursday

b. Indicate **First Choice** of Hours:  
(One choice only please)

8:00-1:00

8:00-3:30

8:00-6:00

"early bird" hours (7:00-8:00 a.m.)

5a. Indicate **Second** Choice of Days:  
(One choice only please)

Monday through Friday

Monday, Wednesday, Friday

Tuesday, Thursday

b. Indicate **Second** Choice of Hours:  
(One choice only please)

8:00-1:00

8:00-3:30

8:00-6:00

"early bird" hours (7:00-8:00 a.m.)

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Please return this form and \$45  
non-refundable application fee to:

Lexington Playcare Center  
6 Meriam Street  
Lexington, MA 02420