



Children's Center of
Lexington
1580 Mass. Ave,
Lexington, MA 02420

APPLICATION

SCHOOL YEAR 2024-25

Please fill out and return this application to CCL along with the non-refundable \$75.00 application fee.
Thank-You!

CHILD INFORMATION

Child's Name	<input type="text"/>		
Nickname	<input type="text"/>		
Birth Date	<input type="text"/>	Gender	<input type="text"/>
Address	<input type="text"/>		

FAMILY INFORMATION

Parent/Guardian #1	<input type="text"/>		
Relationship	<input type="text"/>		
Phone Number	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
Occupation	<input type="text"/>	Work Hours	<input type="text"/>
Work Address	<input type="text"/>		
Parent/Guardian #2	<input type="text"/>		
Relationship	<input type="text"/>		
Phone Number	<input type="text"/>	Email	<input type="text"/>
Address	<input type="text"/>		
Occupation	<input type="text"/>	Work Hours	<input type="text"/>
Work Address	<input type="text"/>		

SCHEDULE REQUESTED

Number of days	<input type="checkbox"/> 2 days	<input type="checkbox"/> 3 days	<input type="checkbox"/> 5 days		
Pick-up time	<input type="checkbox"/> 12:30pm	<input type="checkbox"/> 4:30pm	<input type="checkbox"/> 6:00pm		
Days of the Week	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
2nd choice	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F

Early Drop off from 7:30-8:00	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
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Start Date:	<input type="text"/>
	(if different than Sep 3rd 2024)

Part-time spaces are limited and subject to availability
2-day places are only available for Toddlers
Early Drop off is available for an additional fee



SCHOOL YEAR 2024-25

After the center has informed you that we have space for your child, a security deposit of \$500 is required to reserve the space. The security deposit will be applied to your first month's tuition in September 2024.

You will be asked to sign an enrollment agreement in June 2024. A nonrefundable fee equal to one month's tuition is due upon signing this agreement. This non-refundable fee (equal to one month's tuition) will be applied to your last month's tuition upon withdrawing from the Center.

Initial Here

Withdrawal requires sixty day's written notice, (a full two months). If you withdraw with less then the required written notice, your child is still considered "enrolled" for the entire period, and you are responsible for tuition for the two months that begin with the next tuition period. **All withdrawals are scheduled for the last day of the month.** If you withdraw before the end of the month, tuition is due for the entire month.

Initial Here

Tuition Payments are due on the 15th of the month prior. For example, tuition payments for September 2024 will be due by August 15th, 2024. A late fee of \$15 will be charged for all bills outstanding after the 1st of the month. If tuition remains unpaid after the 1st of the month (without prior arrangements), your child may be required to withdraw.

Initial Here

By signing this document, I acknowledge that I have read and understand the above policies and agree to abide by them. I also understand that if I have any questions, I have the right to ask for clarification.

Checks should be made payable to:

The Children's Center of Lexington
1580 Massachusetts Avenue
Lexington, MA 02420

The Children's Center of Lexington admits students of any race, religion, color, nationality, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, religion, color, sexual orientation, cultural heritage, national origin, gender or disability.

Please call the office at (781) 861-9370 if you need additional information.

Signature : _____ Date : _____

OFFICE USE ONLY

Date Received	:	_____	App fee Received	:	_____
Potential Classroom(s)	:	_____	Contract Received	:	_____
Contract due back by	:	_____	Deposit received	:	_____

More Information : ☎ 781-861-9370 (Office)

✉ ccl@cclex.org

🌐 www.cclex.org

THANK YOU