

The Learning Zone



Child Care Center

279 Belmont Street
Belmont, Ma
(617) 489-1161

Parents Names:

Parent 1 _____ Parent 2 _____

Home Address _____

Home Phone Number _____

Work Phone Number _____

Email: _____ Email: _____

Child's Name _____ Date of Birth _____

Date of preferred enrollment _____

Days needed _____

Hours needed _____

How did you find out about us? _____

Has your child been in child care? If yes, where did he/she attend? _____

****Upon enrollment, this form should be returned with a one month deposit****

Deposit is non-refundable _____ (please initial)

Signature _____ Date _____