#### PLOWSHARES EDUCATION DEVELOPMENT CENTER

Newton North High School 457 Walnut Street Newtonville, MA. 02460 Ph.(617)527-3755 Fax.(617)244-0227

Lincoln Eliot 191 Pearl Street Newton, MA.02458 Ph. 617-965-6082 Fax.617-965-1395

### www.plowshareschildcare.org

Franklin 125 Derby Street W.Newton,MA.02465 Ph. 617-244-9330 Fax. 617-244-8194

## **Wait List Application**

Enrollment Request for: Full Year	School Year	Summer Camp		
Child's Name		D.O.B	MF	
Address	City		Zip	
Parent(1)	Parent(2)			
Tel# (H)	Tel# (H)			
(Work)	(Work)			
(Cell)	(Cell)			
(Email)	(Email)			
Site Requested/Program: Newton North  Lincoln Eliot  Franklin	Kindergarten_ Kindergarten_	Afterschool	Entering Grade _Entering Grade	
Preferred Schedule/Hrs: MT				
Alternative Schedule/Hrs: MT	W	T	F	
Request for Enrollment Dates From: _	//	To:	//	
Is your child on an Individual Educational Plan (IEP)? If yes, please describe the nature of your child's challen successful.	nges and potential accommodation	ns you think would	make your child's enrollment	
(Please enclose a non-refu	ındable \$ 25.00 Applic	ation Fee witl	h this form.)	
ARE YOU EMPLOYED BY? PLOWSHA	ARES NPS	CIT	Y/NEWTON	
Names and Ages of Siblings currently enrolled (if ap	oplicable)			
*************	OFFICE USE ONLY****	*****	*******	
Application Fee Received on:/_	/	Check #	06/2015	

## \*\*\* PRESCHOOL SUMMER FUN CAMP \*\*\*

# ENROLLMENT FORM 2020

\*\*\*\*\* OUR SPACE IS LIMITED \*\*\*\*\*

PLOWSHARES SUMMER FUN CAMP IS LOCATED AT THE NEWTON NORTH HIGH SCHOOL, 457 WALNUT STREET, NEWTONVILLE. THE PROGRAM ACTIVITIES WILL BE GEARED TOWARD CREATING A RELAXED AND FUN FILLED SUMMER WITH LOTS OF OUTDOOR PLAY, SPECIALTY DAYS, EXCITING THEMES AND SEASONAL CURRICULA.

**ENROLLMENT:** THERE IS A 4 WEEK MINIMUM --- USAGE OF LESS THAN THIS WILL BE ACCOMMODATED ON A SPACE AVAILABLE BASIS ONLY. \*\*\* TUITION IS PRO-RATED FAVORING INCREASED USAGE. \*\*\*

PROGRAM OPER	RATING SCHEDULES:	FULL DAY (5 days) EXTENDED DAY (5 days)	8:00 - 5:30 8:00 - 4:00	\$ 1,670.00/4 wee \$ 1,415.00/4 wee	ks or (\$ 420.00 weekly) ks or (\$ 360.00 weekly)	
******		To at 617-527-3755 after June 1				
CHILD'S NAME			D.O.B			
PLEASE CHECK (	) ANTICIPATED WEEK	S IN ATTENDANCE **	*(CLOSED JUL	Y 3RD = HOLIDA	<u>Y</u> )	
JULY JULY JULY	29TH - JULY 3RD 3 6TH - JULY 10TH 13TH - JULY 17TH 20TH - JULY 24TH 27TH - JULY 31ST	**		AUGUST 3RD - AUGUST 10TH - AUGUST 17TH - AUGUST 24TH -	AUGUST 14TH AUGUST 21ST	
DAY	YS M	Т	W	TH	F	
HOU	RS					
SWIMMING LESS	SONS: PLEASE CHECK	**************************************	NO	(Information/swimn	,	
SIGNATURE	(PAREN	T OR GUARDIAN)		_DATE		

**PLEASE NOTE**: APPLICATIONS WILL BE ACCEPTED BEGINNING FEBRUARY 1<sup>ST</sup>, 2020