

Lenox Children's Center

9 Old Center Street
Lenox, Massachusetts 01240

413-637-0321 • Fax: 413-637-2585

New Enrollment

Children attending full time (full days M-F) will be given 10% tuition reduction. When siblings attend, one child will be qualified for a 10% tuition reduction. However, only one discount will be given per family.

The Center does not discriminate in providing services to children and their families on the basis of race, religion, cultural heritage, political beliefs, national origin, disability or marital status. The registration fee is non-refundable and is part of the tuition. Children must bring their own lunch. A refrigerator is at our disposal.

I would like my child to attend on the following days and during the times indicated, and understand that the requested schedule will be granted based on availability. I understand there is a non-refundable \$100.00 Registration Fee, which must be submitted with this form.

The program your child has been stated for has been indicated by a check mark. Please specify the time frame and circle the days you wish your child to attend.

Select Time Frame *	<input type="checkbox"/> Infant Rates Age 3-15 mos.	<input type="checkbox"/> Toddler Rates Age 15 mos. to 2 yrs. 9 mos	<input type="checkbox"/> Pre School Rates Age 2 yrs 9 mos to 5 yrs.	Please Circle Desired Days
All rates subject to change.				
	\$34.94 ½ day	\$26.00 ½ day	\$22.58 ½ day	
<input type="checkbox"/> Full Day 7:30 - 5:30	\$56.44 per day	\$41.76 per day	\$36.00 per day	M T W TH F

* **Exception:** The combined Infant/Toddler Room opens at 8:00 a.m. and closes at 5:00 p.m.
 These hours do apply to your child. These hours do not apply to your child.

Child: _____ Address: _____

Parent: _____

Phone: _____

Child's Age: _____ Child's Birth Date: ___/___/___

Parent Signature Date

OFFICE USE ONLY PLEASE Date R'cd: ___/___/___ R'cd by: _____

Ch #: _____ Ch Amt. \$ _____ Start Date: ___/___/___

Assigned Room: ___ Inf/Tod ___ Todd ___ Trans ___ Pre 1 ___ Pre 2