

ENROLLMENT APPLICATION FORM

School Year 2027–2028



978-263-2064

info@itcacton.org

149 Central St., Acton, MA 01720



CHILD INFORMATION

Child's Name:

Gender: ☐ F ☐ M

Date of Birth:

/

/

☐ Due Date

Age as of Sep. 1, 2027:

PARENT / GUARDIAN INFORMATION

Parent / Guardian #1 Name:

Relationship to Student:

Home Phone:

Cell Phone:

Email Address:

Home Address:

Parent / Guardian #2 Name:

Relationship to Student:

Home Phone:

Cell Phone:

Email Address:

Home Address:

SIBLINGS

Name of siblings* that are or have been enrolled at ITC:

** Please note a separate registration form must be filled out for each child enrolling at ITC for 2027–2028 school year.*

ENROLLMENT REQUEST

Hours available: 7:45 AM–5:00 PM. No arrivals or departures between 1:00 and 3:00 PM.

Preschoolers must arrive by 9:00 AM. (all daily schedules must be in full or half hour increments, i.e. 8:00–4:30, 9:00–5:00, etc. (7:45–8:00 AM is the only 1/4 hour increment)

Infants have a minimum of 30 hours per week. Toddler I to PSII have a minimum of 20 hours per week.

Schedule Requested:

☐ We are requesting Full Time care
(30+ hours/week)

☐ We are requesting Part Time care
(20–30 hours/week)

Length of Year Requested:

☐ School Year
(Through June 22, 2028)

☐ Full Year
(through **August 18th**, 2028)

Time Requested: Mon
i.e. 8–5PM

Tues

Wed

Thurs

Fri

AGREEMENT

☐ \$50.00 application fee per family. Check or cash accepted, make check out to ITC.

Date:

/

/

Signature:

FOR OFFICE USE ONLY

Date Received: _____

Application Fee Received: ☐

Infant/Toddlers: _____

Preschool: _____