

# ENROLLMENT APPLICATION FORM

School Year 2026–2027



Infant  
Toddler  
Children's  
Center

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, 2026:

## 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 2026–2027 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 24, 2027)
- ☐ Full Year  
(through August 13, 2027)

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: \_\_\_\_\_