



APPLICATION FOR ENROLLMENT
IN-HOUSE and SIBLING
 DEADLINE - NOVEMBER 25, 2009

Evergreen Day School
 799 Concord Ave.
 Cambridge, MA 02138
 Phone: (617) 492-0090 Fax: (617) 441-3499
 www.evergreendayschool.org

For office use only:
 Date/Time received _____
 Age at admission: _____

All applications will be processed on a first come-first serve basis.

Application Date _____ Sex _____ Date of birth _____
 Child's Name _____ Age as of September 1st (Year of Enrollment) _____
 (Please be specific)
 Home Address _____
 Town/Zip Code _____ Home Telephone _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian _____	Parent/Guardian _____
Relationship _____	Relationship _____
Home Address _____	Home Address _____
Home Phone _____	Home Phone _____
Occupation _____	Occupation _____
Work Address _____	Work Address _____
Work Phone _____	Work Phone _____
Cell Phone/Beeper _____	Cell Phone/Beeper _____
Work Hours _____	Work Hours _____
Email Address _____	Email Address _____
Siblings/Ages _____	

Any allergies, special needs or health issues: _____

Morning: (Main Program) 8:30 am-12:30 pm M T W TH F (Circle each day needed)
 Extended Days: 12:30-3:00 pm M T W TH F (Circle each day needed)
 12:30-4:00 pm M T W TH F (Circle each day needed)
 Early Arrival: 8:00 – 8:30 am M T W TH F (Circle each day needed)

A non-refundable \$35 registration fee is due with the application, payable to Evergreen Day School.

Parent/Guardian Signature _____ Date _____

How did you hear about Evergreen Day School? Newspaper _____ Flyer _____

Internet _____ Friend _____ (If current Evergreen family, please indicate who) _____

Evergreen Day School strives for diversity among staff and families. We do not discriminate with regard to gender, race, religion, cultural heritage, political beliefs, martial status, sexual orientation, national origin or disability.
 All financial aid requests are due by May 1st - However, if a situation arises during the school year, please contact the office.

