



The Teddy Bear Village
BILINGUAL CHILD CARE CENTER

63 Fountain Street
Framingham, MA 01702
Phone #: 508-599-2100
Fax #: 508-599-2111

Parent #1 Name: _____

Email Address: _____

Parent #2 Name: _____

Email Address: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Email address: _____

Child's Name: _____ Date of Birth: _____

Date of preferred enrollment: ____/____/____

Location: The Teddy Bear Village Inc. Framingham

Days Needed (circle): Monday Tuesday Wednesday Thursday Friday

Hours Needed: _____

How did you hear about us? _____

Has your child ever been in childcare? If yes.... where? _____

Upon enrollment this form should be returned with a one-month deposit

Deposit Amount \$ _____

Deposit is non-refundable _____ **(please initial)**

Signature _____ Date _____