



## APPLICATION FOR ADMISSION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_

Desired Start Date: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address & Phone (if different)

Address & Phone (if different)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Please indicate program choices:

<input type="checkbox"/> <b>Toddler</b> (2, 3, or 5 days per week) <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Full Day <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri	<input type="checkbox"/> <b>Preschool</b> (2, 3, or 5 days per week) <input type="checkbox"/> AM <input type="checkbox"/> Full Day <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
<input type="checkbox"/> <b>Kindergarten</b> (5 days per week) <input type="checkbox"/> AM <input type="checkbox"/> Full Day	<input type="checkbox"/> <b>Elementary (grades 1-8)</b> Grade: _____

**Extended Day** (Preschool, Kindergarten, Elementary only. Please indicate schedule needed.)  
 HOURS:    Mon \_\_\_\_\_    Tue \_\_\_\_\_    Wed \_\_\_\_\_    Thu \_\_\_\_\_    Fri \_\_\_\_\_

Would you like to receive an Indexed Tuition application?     Yes     No

Does your child have any special needs?     Yes     No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Name of referring family, if any: \_\_\_\_\_

Please submit this form with a non-refundable Application Fee of \$30 per child.  
 Make checks payable to *Odyssey Day School*. Return form and check to:

Odyssey Day School  
 11 Paul Avenue  
 Wakefield, MA 01880

Note: An application must be filled out for each child in a family.

**FOR OFFICE USE ONLY**

Date app fee received: \_\_\_\_\_

Deposit due: \_\_\_\_\_

Deposit due (2<sup>nd</sup>): \_\_\_\_\_

Deposit received: \_\_\_\_\_

Deposit received: \_\_\_\_\_