



Odyssey Day School 11 Paul Avenue Wakefield, MA 01880 781-245-6050 [www.Odysseydayschool.org](http://www.Odysseydayschool.org)

### 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 \$50 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: \_\_\_\_\_  
Overdue deposit notice: \_\_\_\_\_