



Odyssey Day School 2 Audubon Road Wakefield, MA 01880 781-245-6050 www.Odysseydayschool.org

APPLICATION FOR ADMISSION

Child's Name: _____	Gender: _____ 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: _____
E-mail: _____	E-mail: _____
Place of Business: _____	Place of Business: _____
Business Address: _____	Business Address: _____
Business Phone: _____	Business Phone: _____

Please indicate program choices:

<input type="checkbox"/> Infant/Toddler (2, 3, 4 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"/> Preschool/PreK (2, 3, 4, or 5 days per week) <input type="checkbox"/> Half Day <input type="checkbox"/> Half Day with Lunch <input type="checkbox"/> School Day <input type="checkbox"/> Full Day Academic Year Only <input type="checkbox"/> Full Day Full Year Ongoing Care <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri
<input type="checkbox"/> Pre/K-Kindergarten (5 days per week) <input type="checkbox"/> Half Day <input type="checkbox"/> Full Day	<input type="checkbox"/> Elementary (grades 1-8) Grade: _____
<input type="checkbox"/> Extended Day (Preschool/PreK, PreK/Kindergarten, Elementary only. Please indicate schedule needed.) HOURS: Mon _____ Tue _____ Wed _____ Thu _____ Fri _____	

Would you like to receive an Indexed Tuition application? (Pre-K/K-Grade 8) 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
2 Audubon Road
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 (2nd): _____
 Deposit received: _____
 Deposit received: _____
 Overdue deposit notice: _____