

Child's Physician or Clinic: Name _____ Telephone _____
Address _____

Identifying Information (required by regulations of Massachusetts Department of Early Education and Care):

Eye Color: _____ Hair Color: _____ Gender: _____ Allergies: _____

Height: _____ Weight: _____ Race: _____ Lead Paint Test: _____

Identifying Marks: _____

Name and address of person to whom correspondence should be sent if necessary:

Name: _____

Address: _____
Street City Zip

Telephone: _____

I have read the provisions for enrollment and have enclosed the non-refundable application fee of \$100.00.

Parent's Signature: _____

Date: _____

Applications will be processed upon receipt of the application fee of \$100.00. Please do not send cash.

Make checks payable to: Brick House School
Mailing Address: P.O. Box 525
Taunton, MA 02780-0525
Telephone: 508-822-2364

We are a parent-managed, non-profit, equal opportunity organization and do not discriminate on the basis of a student's or prospective student's family's race, religion, cultural heritage, political beliefs, marital status, or handicap.

A Brick House School t-shirt will be provided for your child. Please indicate size:

Toddler (4T) _____ Child Small (6-8) _____ Child Medium (8-10) _____

Brick House School is no longer accepting requests for classroom assignments. It is in the best interest of the children and the school to assign students based on age, gender, and input from the teachers. We are confident that your child will have an exceptional experience in any of our classrooms!