



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 \$125.00.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applications will be processed upon receipt of the application fee of \$125.00. 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!**