

Ann Pappajohn Vassilliou Child Study Center

Pine Manor College Child Study Center

400 Heath Street
Chestnut Hill, MA 02467
Tel. (617) 731-7039
Email: lovelynne@pmc.edu

Application Form

Admission Process

Please submit this application form to the Director of the Child Study Center with a non-refundable \$35 application fee. Please make checks payable to Pine Manor College. After visiting the center and choosing a schedule for your child, a contract must be completed. A \$500 deposit is required to secure placement for new students. The deposit is credited towards the first tuition payment.

Child's Name _____ Date of Birth _____

Enrollment Information

Families may choose 3 or 5 half-days, extended days, or full days. One class room is primarily for children ages 2 years 9 months up to about age 3 ½, a second class is for children 3 ½ to age 4 and the Pre-K classroom is for children 4 and 5 years of age.

Half Days:

A.M.'s 7:30 a.m. - 12:00 Noon (does not include lunch)

Extended Days:

7:30 a.m. - 2:30 p.m. (Children bring their lunch.)

Full Days:

7:30 a.m. - 5:30 p.m. (Children bring their lunch.)

Number of Days _____ AM's _____ PM's _____ Extended Days _____ Full Days _____

Family Information

Parent/Guardian Name(s) _____

Home Address _____

Home Phone _____ Work or Cell Phone _____

E-mail _____

How did you hear about the Pine Manor College Child Study Center?

What kind of peer group experiences has your child had, if any, outside your home?

Why are you interested in enrolling your child at the Child Study Center?

Are you affiliated with Pine Manor College?

Is there any information about your child that you would like to provide at this time?

Thank you very much for your interest in the Child Study Center. We will process your application and contact you as soon as possible to arrange an appointment for a visit. If you have already visited the program, feel free to contact Lynne Love, Director, at 617 731-7039 or email lovelyne @pmc.edu with any questions.

Office Use Only:

Date Application Received _____ Fee _____ Check# _____
