



235 Wellesley Street Box 1022
 Weston, MA 02493
 781-768-7096 (phone)

2025-2026 Application for Admission

\$100 Application Fee

Child Name			
Name used if other than above			
Child Address			
Date of Birth		Gender	

Parent/ Guardian Information

Name		
Relationship		
Address		
Reachable Phone		
Email		

Program Information

Half Day: 8:30-12:30 or Part Day 8:30-3:30
 Before Care available at 7:30 and After Care available until 4:30 or 5:15

Day	Half Day	Part Day	Before Care Hours	After Care Hours
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

Applications for financial aid will be accepted for review by the Director. Scholarships will be granted based on need and to the extent funds are available. If you would like an application, please contact the director. All requests remain confidential.

Please note your child's allergies so appropriate paperwork can be prepared. _____

If your child is a dependent of a Regis College employee or student, please inform the Director.

I am submitting this application for my child's admission to the Regis College Children's Center program. I have enclosed a check payable to RCCC for \$100.00 which I understand is a non-refundable application fee.

 Signature of Parent/ Guardian

 Date