## 2025-2026 Application for Enrollment



## 267 Winter Street, Duxbury, MA 02332 www.berrybrookschool.org

Berrybrook was created for all children and their families whatever their race, religion, cultural heritage, political beliefs, national origin, martial status, sexual orientation, disability, or toilet training status.

Full Name of Student:		Returning Fam	nily?
Preferred Name (if applicable):  (for example: Tommy for Thomas. This will be the	nome used for nametage of	Date of Birth:	
Age September 2025 years n	nonths	Male Fe	emale
Parent 1 Name:	Parent 2 Name:		
Address:	Address:		
Town & Zip:	Town & Zip:		
Home Phone:	Home Phone:		
Cell Phone:	Cell Phone:		
Occupation:	Occupation:		
Business Name:	Business Name:		
Business Phone:	Business Phone:		
Family Email Address:			
Other Members of the Household:			
Previous Group Experience:			
New Families: How did you hear about Ber	rybrook?		
Program Preference: Beginners 2 D	ay AM 3 Day AM	4 Day PM	5 Day AM
→ For 2, 3, 4, 5 Day Classes: Are you interested If yes, for how many days? 2 3 4 5 (plea program)		d days, not to exceed #	# of days of regular
Every effort will be made to accommodate parent proclass placement based on the needs of the children	eference. However, I and the composition	Berrybrook reser of the group.	ves the right to make
Parent Signature		Date	
A <u>non-refundable application fee</u> Cash, check, or Venme			plication.
For Office Use Only: Application Received On/ Enroll	ment Contract Receive	ed On/	/
App Fee Paid Cash Check Venmo Tuitio	n Deposit Paid:	Cash	Check Venmo