



www.kindlebehavior.com

# The Kindle Center

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Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Insurance: \_\_\_\_\_ ID #: \_\_\_\_\_

## Contact Information:

Parent 1: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent 2: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Send completed applications by mail to 11A Cypress Dr, Burlington MA 01803 or by email to  
info@kindlebehavior.com



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Schedule:

Number of days/week will your child be attending (3 day minimum M-F): \_\_\_\_\_

*Please fill out the table below. Indicate specific times your child is available within the listed times on each day. Circle preferred days/times. Please list all availability as we cannot guarantee requested schedules.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (8:30-11:30)						(10-1)	(10-1)
Afternoon (11:30-2:30)						(1-4)	(1-4)
After School (2:30-6:30)							

**Thank you for your interest in the Kindle Center!**

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