

The Commonwealth of Massachusetts  
Department of Early Education and Care

## Child's Enrollment Form

### Child Information

Child's Name: Nora B. Oller Pedrosa Date of Birth: 3 June 2022  
Age at Admission: 3.3 years old Date of Admission: 6 Oct 2025  
Child's Home Address: 3 Palm St (Teaticker, 02536, MA, USA)  
Home Phone Number: 508-364-8347  
Primary Language: English (and Catalan) Identifying Marks: \_\_\_\_\_  
Eye Color: Brown Hair Color: Brown Skin Color: White  
Sex: Female Height: 3' 6" Weight: 31 lb 6.4 oz

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### Parent/Guardian Information

Parent/Guardian Name: Rut Pedrosa Pamies  
Relationship to Child: Mother  
Home Address: 3 Palm St (Teaticker, 02536, MA, USA)  
Reachable Phone Number: 508-364-8347  
Email Address: rpedrosa@mbi.edu / rutpedpam@gmail.com  
Business Name: Marine Biological Laboratory  
Business Address: 7 MBL St, Woods Hole, MA (02543)  
Business Phone Number: 508-289-7715  
Hours at Work: 9-4 pm

Parent/Guardian Name: Joaquim Oller Bosch  
Relationship to Child: Father  
Home Address: 3 Palm St (Teaticker, 02536, MA, USA)

Reachable Phone Number: 774-361-4348

Email Address: joaquim.oller@protonmail.com / joaquim@lowellinstruments.com

Business Name: Lowell Instruments

Business Address: 82 Technology Park Dr, East Falmouth, MA 02536

Business Phone Number: (508) 444-2616

Hours at Work: 9-4 pm

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**Additional Information**

Child's Physician: Dr. Peter Lind

Address: 10 Bramble Bush Dr, Falmouth, MA 02540 Phone Number: (508) 540-1801

Allergies/Special Diets? NO

Individual Health Plan for child with a chronic health condition? If yes, please attach. \_\_\_\_\_

Copies of any custody agreements, court orders, and restraining orders pertaining to the child?  
If yes, please attach. \_\_\_\_\_

Special limitations or concerns? \_\_\_\_\_

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**School Age Only**

Current School: \_\_\_\_\_

School Address: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

I certify that documentation of physical examination and immunizations in accordance with public school health requirements and lead poisoning screening in accordance with public health requirements are on file at my child's school. ***Parent/Guardian initials:***

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\_\_\_\_\_  
**Parent/Guardian Signature**

1 Oct 2025  
\_\_\_\_\_  
**Date**