

WESTON WING, INC.

2024-2025

313 North Avenue
Mailing: P.O. Box 684, Weston, MA 02493
Phone: 781-891-9021, Fax: 781-891-6591
director@westonwing.com

Date of admission in class: _____
Application fee paid date: _____
Check # _____

Child's Full Name _____

Date of Birth _____ Place of Birth _____

Eye color _____ Hair Color _____ Gender _____ Nationality _____

Height _____ Weight _____ Identifying marks _____

Primary Language _____ Kindergarten entrance age _____

List Sibling/s: Name _____ Grade(s) _____

ALLERGY INFORMATION: _____

Parent/Guardian Information

Parent/Guardian _____ Parent/Guardian _____

Home address _____ Home Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Business Phone _____ Business Phone _____

Occupation _____ Occupation _____

Email _____ Email _____

How did you hear about Weston Wing? _____

An application fee of \$75.00 must be included with this form. Please make checks payable to: WESTON WING. Upon the receipt of this form and payment of application fee, your child will be placed on the center waitlist.

I wish to enroll: _____ in the preschool/childcare program on the following days:
(child's name)

_____ Monday	Hours _____	to _____
_____ Tuesday	_____	_____
_____ Wednesday	_____	_____
_____ Thursday	_____	_____
_____ Friday	_____	_____

Parent's Signature _____ Date _____

Weston Wing is a private, non-profit corporation that does not discriminate in providing services to children and their families based on race, religion, cultural heritage, national origin, political beliefs, marital status, sexual orientation or disability.