

WESTON WING, INC.

313 North Avenue
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Phone: 781-891-9021, Fax: 781-891-6591
director@westonwing.com

2021-2022

Date of admission in class: _____
Application fee paid date: _____
Signed Contract/deposit: _____

Child's Full Name _____

Date of Birth _____ Place of Birth _____

Eye color _____ Hair Color _____ Sex _____ Nationality _____

Height _____ Weight _____ Identifying marks _____

Primary Language _____ Kindergarten entrance age _____

List Sibling/s: Name _____ Date of Birth: _____ Grade _____

ALLERGY INFORMATION: _____ if listed on application need IHCP form.

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(s) _____

How did you hear about Weston Wing? _____

A non-refundable application fee of \$60.00 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. To secure placement on a class list you will need to submit a signed enrollment contract and enrollment deposit of \$750.00. Your deposit is returned when your last month's tuition bill is paid. There is a \$35.00 charge for each instance of a permanent schedule change to your contracted hours. Reductions to contracted hours are not possible after contract is submitted and additional hours are possible only if available.

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.