

**WESTON WING, INC.**

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

**2022-2023**

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 \_\_\_\_\_ 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.