

**WESTON PUBLIC SCHOOLS**  
WESTON, MASSACHUSETTS 02493 • TEL 781-786-5240



**APPLICATION FOR WESTON WINDOWS**

I am interested in a slot for: (check all that apply)

School Year: 2020-21 \_\_\_\_\_

School Year: 2022-23 \_\_\_\_\_

School Year: 2021-22 \_\_\_\_\_

School Year: 2023-24 \_\_\_\_\_

Today's Date: \_\_\_\_\_

**CHILD's FULL NAME:** \_\_\_\_\_ D.O.B. \_\_\_\_\_ Gender: \_\_\_\_  
(first-middle-last)

What does your child like to be called? \_\_\_\_\_

Address: \_\_\_\_\_ City/Town of Birth: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Race: \_\_\_\_\_

**FAMILY**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

**SIBLINGS, DATES OF BIRTH, CURRENT SCHOOL:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Language(s) spoken at home: \_\_\_\_\_

Has your child participated in any type of early childhood program? Yes \_\_\_ No \_\_\_

If yes, where? \_\_\_\_\_ when? \_\_\_\_\_

Please describe your child's personality at home including comments about temperament, abilities, activity level, special interests, strengths, etc...

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Does your child need assistance in any of the following areas?

- \* Vision \_\_\_\_\_
- \* Hearing \_\_\_\_\_
- \* Speaking \_\_\_\_\_
- \* Understanding \_\_\_\_\_
- \* Getting Along with others \_\_\_\_\_
- \* Paying Attention \_\_\_\_\_
- \* Physical Activity \_\_\_\_\_

Are you currently working with Early Intervention? \_\_\_\_\_ If so, in what areas: \_\_\_\_\_

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Does your child have health issues that require attention?

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What do you hope your child will gain from this preschool experience?

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Is there other information you'd like to share?

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**TO BE PLACED ON THE WAITLIST: PLEASE ATTACH A \$75 NON-REFUNDABLE APPLICATION FEE**

**Mail to:** Betty DaSilva  
Weston Windows Office  
2 Alphabet Lane  
Weston, MA 02493  
781-786-5381

**Checks made out to:** The Town of Weston