



WESTON PUBLIC SCHOOLS

APPLICATION FOR WESTON WINDOWS PRESCHOOL PROGRAM

Placement slots in Weston Windows are limited and the waitlist does not guarantee acceptance. After you complete and return this form with the \$75 deposit, your child will be placed on the waitlist for the first year that they are age eligible.

If your child is offered a slot in the program and you choose not to accept the slot for that year, your child will remain on the waitlist for the following year if they are age eligible.

If your child is not offered a slot in the program for a given year, your child will remain on the waitlist for the following year if they are age eligible.

Age Requirements: To be eligible for the Weston Windows program a child must be at least 3 years old and not have turned 5 years old as of September 1st of the year of enrollment.

Child's Full Name: _____ **Today's Date:** _____

DOB: _____ **Gender** _____

What does your child like to be called (Nickname)? _____

Street Address: _____ City/Town of Birth: _____
Weston, MA 02493

Primary: Phone _____ Email: _____

FAMILY

Parent/Guardian: _____ Parent/Guardian: _____

Relationship: _____ Relationship: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Siblings Name, Age And Current WESTON PUBLIC School (If Applicable):

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....

Does your child need assistance in any of the following areas (please check)?

| | | | |
|----------------------------|-------|-------------------|-------|
| Vision: | _____ | Hearing: | _____ |
| Speaking: | _____ | Understanding: | _____ |
| Getting Along with others: | _____ | Paying Attention: | _____ |
| Physical Activity: | _____ | Other: | _____ |

Are you currently working with Early Intervention? _____ If so, in what areas?

Does your child have health issues that require attention?

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

Parent's signature _____

**To be placed on the waitlist, please return THIS FORM AND
A \$75 NON-REFUNDABLE APPLICATION FEE.**

Made out to: The Town Weston

**Mail to: Emily Tucker ~ Weston Windows
89 Wellesley Street ~ Weston, MA 02493 ~ 781-786-5240**