

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: 2018-19 _____

School Year: 2020-21 _____

School Year: 2019-20 _____

School Year: 2021-22 _____

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...

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: _____

Does your child have health issues that require attention?

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

Is there other information you'd like to share?

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

Mail to: Marya Bergloff
Weston Windows Office
2 Alphabet Lane
Weston, MA 02493
781-786-5381

Checks made out to: The Town of Weston