



WESTON PUBLIC SCHOOLS

APPLICATION FOR WESTON WINDOWS PRESCHOOL PROGRAM

Please place my child on the waitlist for the following year/years (please check).
I understand that placement is limited and the waitlist does not guarantee acceptance.

Age 2 years 9 months - up to age 5 years on September 1st of:

2023-2024 _____ 2024-2025 _____ 2025-2026 _____ 2026-2027 _____

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: Betty DaSilva ~ Weston Windows
89 Wellesley Street ~ Weston, MA 02493 ~ 781-786-5381**