

Please submit \$40 registration fee with this form

WESTFORD PRESCHOOL at ST MARK'S REGISTRATION FORM

FOR WPS USE: Date of Admission _____
Age at Admission _____

Check one: 2-Day (M,W) _____ 2-Day (Tu,Th) _____
3-Day (M,W,F) _____ 3-Day (Tu,Th,F) _____
Fall Fives(M,Tu,W,Th) _____ Fall Fives(M,W,Th) _____

CHILD'S NAME _____ DATE OF BIRTH _____

Home Address _____

Phone _____ Eye color _____ Skin color _____

Allergies _____ Hair color _____ Height _____

Primary Language _____ Sex _____ Weight _____

Identifying marks _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian name: _____ Parent/Guardian name: _____

Relationship to child: _____ Relationship to child: _____

Home address: _____ Home address: _____

Home telephone # _____ Home telephone # _____

Bus. Name: _____ Bus. _____

Name: _____

Bus. Address: _____ Bus. Address: _____

Bus. Telephone: _____ Bus. Telephone: _____

Hours at work: _____ Hours at work: _____

Email address: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____

Address: _____ Phone: _____

Chronic health conditions: _____

Special limitations or concerns: _____

Others in family relationship. If children, give ages:

Parent/Guardian Signature _____ Date _____

PLEASE WRITE ANY ADDITIONAL REMARKS ON THE REVERSE SIDE