

Please submit \$40 registration fee with this form

**WESTFORD PRE-SCHOOL & KINDERGARTEN REGISTRATION FORM**

FOR WPS USE: Date of Admission \_\_\_\_\_ Check one: 2-Day AM \_\_\_\_\_ 2-Day PM \_\_\_\_\_  
Age at Admission \_\_\_\_\_ 3-Day AM \_\_\_\_\_ 3-Day AM Pre-K \_\_\_\_\_  
Tiny Tots \_\_\_\_\_ 3-Day PM Pre-K \_\_\_\_\_  
5 day AM K \_\_\_\_\_ 4-Day PM Fall Fives \_\_\_\_\_

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