

Please submit \$40 registration fee with this form

WESTFORD PRE-SCHOOL at ST MARK'S REGISTRATION FORM

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

Check one: 2-Day AM _____
3-Day AM _____
4-Day AM 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