

Please submit \$75 non-refundable registration fee with this form.

WESTFORD PRESCHOOL at ST. MARK'S REGISTRATION FORM

Check all that apply:

- 2-Day AM (Tuesday/Thursday)
- 3-Day AM (Monday/Wednesday/Friday)
- 4-Day Fall Fives AM (Mon./Tues./Wed./Thurs.)
- Friendship Friday AM (Friday)

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: _____ Email address: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____

Address: _____ Phone: _____

Chronic health conditions: _____

Special limitations or concerns: _____

List others in family relationship. If children, give ages:

Parent/Guardian Signature _____ Date _____

PLEASE WRITE ANY ADDITIONAL REMARKS ON THE REVERSE SIDE