

The Children's Way Application 2019-2020

For Office Use Only
Date Received _____
Age In Sept. _____

Child's Name _____ **Birthdate** _____ M F

Parent's Name _____ Parent's Name _____

Street _____ Street _____

Town/Zip _____ Town/Zip _____

Phone: (H) _____ Phone: (H) _____

Phone: (C) _____ Phone: (C) _____

Email _____ Email _____

Sibling(s) Currently or Previously Enrolled at TCW? No Yes Name(s) _____ Year(s) _____

Is either parent a Wayland Public School Employee? No Yes

Is your child currently receiving Early Intervention Services? No Yes

PROGRAM OPTIONS

Choose one option only

HALF DAY (Child's age must be at least 2.9 by Sept. 1)
Half Day Program Hours: 8:30 - 11:30, Optional Lunch Bunch until 1:00

FULL DAY (Child's age must be at least 3.0 by Sept. 1)
Full Day Program Hours: 8:00-3:00, Optional Extended Hours 3:00-4:00; or 5:30

SCHEDULE INFORMATION

◆ **Number of Days Needed:** (please check preference) 3 days/week 4 days/week 5 days/week

HALF DAY

Monday

8:30-11:30
 8:30-1:00

Tuesday

8:30-11:30
 8:30-1:00

Wednesday

8:30-11:30
 8:30-1:00

Thursday

8:30-11:30
 8:30-1:00

Friday

8:30-11:30
 8:30-1:00

FULL DAY

Monday

8:00-3:00
 8:00-4:00
 8:00-5:30

Tuesday

8:00-3:00
 8:00-4:00
 8:00-5:30

Wednesday

8:00-3:00
 8:00-4:00
 8:00-5:30

Thursday

8:00-3:00
 8:00-4:00
 8:00-5:30

Friday

8:00-3:00
 8:00-4:00
 8:00-5:30

Is this schedule flexible? No Yes *If yes, please specify* _____

Parent Signature: _____ **Date:** _____