

# The Children's Way Application Returning Child/Sibling 2018-2019

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/guardian a Wayland Public School Teacher?  No  Yes

Is your child currently receiving Early Intervention Services?  No  Yes

## PROGRAM OPTIONS

*Please 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: \_\_\_\_\_

Please return to: TCW, 41 Cochituate Road, Wayland, MA 01778