

Date

# The Children's Way Application Returning Child/Sibling 2017-2018

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) _____
E mail _____	E mail _____

Sibling(s) Currently or Previously Enrolled at TCW? Yes/No      Name(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

Is either parent/guardian a Wayland Public School Teacher? Yes/No

Is your child currently receiving Early Intervention Services? Yes/No

### PROGRAM OPTIONS

- HALF DAY **(Child's age must be at least 2.9 by Sept. 1st)**  
*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. 1st)**  
*Full Day Program hours: 8:00-3:00, Optional Extended Hours 3:00-4:00; or 5:30*

### SCHEDULE INFORMATION

Number of Days Needed:

#### HALF DAY

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### FULL DAY

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this schedule flexible? \_\_\_\_\_ If yes, please specify \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_