

Date

The Children's Way Application 2017-2018

41 Cochituate Road, Wayland, MA 01778

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 a Wayland Public School Employee? 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

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

FULL DAY

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>
<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:** _____