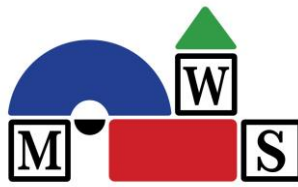


New Student \$100 _____

Returning Student \$75 _____

Returning Family \$75 _____

Short Form
Application Number



My Weekday School

2600 Massachusetts Avenue, Lexington, MA 02421 • 781-862-8489 • office@myweekdayschool.org • www.myweekdayschool.org

Application for School Year 2024-2025

Child's name _____ male female Date of birth ____/____/____

Parent 1 mother father guardian

Parent 2 mother father guardian

Name _____

Name _____

Address _____

Address _____

Phone home cell

Phone home cell

Email _____

Email _____

PRESCHOOL: (child was born 9/1/2020 or later)

Standard program runs 9:00am – 12:00pm

Select preferred program:

3 days/week
Monday-Tuesday-Thursday

OR

4 or 5 day program, please indicate number of days
 4 days/week (Monday – Thursday) OR
 5 days/week

PRE-K: (child was born before 9/1/2020; is Kindergarten eligible for Fall 2025)

Standard program runs 9:00am – 1:00pm, includes lunch brought from home

Select preferred program:

4 days/week (Monday – Thursday)

OR

5 days/week

OPTIONAL PROGRAM INTEREST (regular or drop-in basis)

Early Drop Off (8:30-9:00) Lunch Bunch (preschool only, 12:00-1:00) Extended Day (1:00-3:00)

Are you interested in our Teaching Assistant Program? Yes No We will reach out with training/commitment details.

Please sign, date, and return this application with non-refundable application fee to reserve your space, subject to availability. If a program is full, you will be added to the Wait List.

Parent/Guardian Signature _____ **Date** ____/____/____

OFFICE USE ONLY

Date received _____ TA Prog Interest Sibling SJKUMC Military
Yes / No Yes / No Yes / No Yes / No