

New Student \$100 \_\_\_\_\_  
Returning Student \$75 \_\_\_\_\_  
Returning Family \$75 \_\_\_\_\_



My Weekday School

Short Form  
Application Number \_\_\_\_\_

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

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone** ☐ home ☐ cell  
\_\_\_\_\_  
\_\_\_\_\_

**Email** \_\_\_\_\_

**Parent 2** ☐ mother ☐ father ☐ guardian

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone** ☐ home ☐ cell  
\_\_\_\_\_  
\_\_\_\_\_

**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 (8:00-9:00)

☐ 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  
Yes / No

Sibling  
Yes / No

SJKUMC  
Yes / No

Military  
Yes / No