



My Weekday School

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

Application for School Year 2019-2020
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Child's name _____ male female Date of birth ____/____/____

Parent 1 mother father

Name _____

Address _____

Phone home cell

Email _____

Parent 2 mother father

Name _____

Address _____

Phone home cell

Email _____

PRESCHOOL

(child will not turn 5 before 9/1/2020)

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

Select preferred program: **Select preferred days:**

3 days/week
(must include Mon.
and/or Fri.)

Monday
 Tuesday
 Wednesday

4 days/week

Thursday

5 days/week

Friday

PRE-K

(child will turn 5 before 9/1/2020)

*Standard program runs 9:00am-1:00pm,
and includes lunch brought from home*

Select preferred program: **Select preferred days:**

4 days/week

Monday

5 days/week

Tuesday

Wednesday

Thursday

Friday

OPTIONAL PROGRAM INTEREST (regular or drop-in basis)

early drop off (8:00-9:00)

lunch bunch (preschool only, 12:00-1:00)

afternoon program (1:00-3:00)

Please sign, date, and return this application with \$50 non-refundable application fee to reserve your space, subject to availability. Enrollment agreement and deposit of first month's tuition is due by April 1, or within 30 days if application is received after March 1. Thank you!

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

OFFICE USE ONLY

Date received _____

Sibling Yes / No SJKUMC Yes / No Military Yes / No