



Number \_\_\_\_\_

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

**Application for School Year 2020-2021**

**Child's name** \_\_\_\_\_  male  female Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parent 1**  mother  father

**Parent 2**  mother  father

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

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

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

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

**Phone**  home  cell

**Phone**  home  cell

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

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

**PRESCHOOL:** (child will not turn 5 before 9/1/2021)

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

**Select preferred program:**

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

4 days/week

5 days/week

**Select preferred days:**

Monday

Tuesday

Wednesday

Thursday

Friday

**PRE-K:** (child will turn 5 before 9/1/2021)

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

**Select preferred program:**

4 days/week (Tuesday - Friday)

5 days/week (Monday – Friday)

**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)

Please sign, date, and return this application with \$100 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 \_\_\_\_\_

TA Prog Interest  
Yes / No

Sibling  
Yes / No

SJKUMC  
Yes / No

Military  
Yes / No