

**Winchester Public Schools
Winchester, Massachusetts 01890
2010-2011
PRESCHOOL APPLICATION FORM**

Parents' Name: _____

Child's Name: _____ M ____ F ____
Last First Middle

Address: _____ Date of Birth: _____

Home phone: _____ Cell phone: _____

Email address: _____

Please indicate which program fits the needs of your child and family.

Program	Program Hours	Days/Week	Monthly Tuition
_____ Full-day (3-4 or 4-5)	8:45 – 2:15	M - F	\$650
_____ ½ day AM (3-4 or 4-5)	8:45 – 11:30	M - F	\$300
_____ ½ day PM (Mixed ages)	12:00 – 2:45	M - F	\$280

Children must be 3 years old by September 1, 2010

Please note: A **non-refundable application fee of \$50** is required of each new applicant. For more information, please contact the Preschool Office 781-721-7015.

Signature: _____ Date: _____