

WESTON WING SUMMER PROGRAM 2018

WESTON WING, Inc.

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Weston, MA 02493
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Date of admission: _____
Paid: FEE ON 1ST INVOICE
(for center use only)

Child's Full Name _____ Date of Birth _____

Parent/Guardian Information

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Cell Phone _____ Cell Phone _____

Business Phone _____ Business Phone _____

EMAIL _____ EMAIL _____

PLEASE PRINT EMAIL ADDRESSES IN CAPITAL LETTERS

ALLERGY INFORMATION _____

PEDIATRICIANS CONTACT INFO _____
NAME PHONE

A non-refundable application fee of \$25.00 for continuing students and \$45.00 for new students will be included on your first invoice. Any permanent schedule changes after registration is complete are subject to a \$35 schedule change fee.

I wish to enroll: _____ in the Summer Program on the following sessions: (child's name)

_____ Session One: 6/20 – 6/29

_____ Session Two: 7/2 – 7/13

_____ Session Three: 7/16 – 7/27

_____ Session Four: 7/30 – 8/10

_____ Session Five: 8/13 – 8/25

NOTE: All students must be signed up for at least two sessions (not necessarily consecutive)

Parent's Signature _____ Date _____

Weston Wing is a private, non-profit corporation that does not discriminate in providing services to children and their families on the basis of race, religion, cultural heritage, national origin, political beliefs, marital status, sexual orientation or disability.