

WESTON WING, INC.

2025-2026

313 North Avenue
Mailing: P.O. Box 684, Weston, MA 02493
Phone: 781-891-9021, Fax: 781-891-6591
director@westonwing.com

Date of admission in class: _____
Application fee paid date: _____
Check # _____

Child's Full Name _____

Date of Birth _____ **Place of Birth** _____

Eye color _____ **Hair Color** _____ **Gender** _____ **Nationality** _____

Height _____ **Weight** _____ **Identifying marks** _____

Primary Language _____ **Kindergarten entrance age** _____

List Sibling/s: Name _____ **Grade(s)** _____

ALLERGY INFORMATION: _____

Parent/Guardian Information

Parent/Guardian _____ **Parent/Guardian** _____

Home address _____ **Home Address** _____

Home Phone _____ **Home Phone** _____

Cell Phone _____ **Cell Phone** _____

Business Phone _____ **Business Phone** _____

Occupation _____ **Occupation** _____

Email _____ **Email** _____

How did you hear about Weston Wing? _____

An application fee of \$75.00 must be included with this form. Please make checks payable to: WESTON WING. Upon the receipt of this form and payment of application fee, your child will be placed on the center waitlist.

I wish to enroll: _____ **in the preschool/childcare program on the following days:**

(child's name)

_____ **Monday** **Hours** _____ **to** _____

_____ **Tuesday** _____

_____ **Wednesday** _____

_____ **Thursday** _____

_____ **Friday** _____

Parent's Signature _____ **Date** _____

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