



For office use only:

Date Received \_\_\_\_\_

Age in Sept \_\_\_\_\_

### Application 2022-2023

Child's Name _____	Date of Birth _____	M	F
Parent/Guardian Name _____	Parent/Guardian Name _____		
Street _____	Street _____		
Town/Zip _____	Town/Zip _____		
Cell # _____	Cell # _____		
Email _____	Email _____		

Sibling(s) currently or previously enrolled at TCW?            Yes    No

Is a parent/guardian a Wayland Public School teacher?    Yes    No

Is your child currently receiving Early Intervention Services?    Yes    No

### Program Options

#### **Half Day 8:30-11:30** (child must be 3.0 by or on August 31, 2022)

- 2 Days    Tuesday    Thursday
- 3 Days    Monday    Wednesday    Friday
- 5 Days    Monday - Friday

#### **Full Day 8:00-2:00** (child must be 3.0 by or on August 31, 2022)

- 2 Days    Tuesday    Thursday
- 3 Days    Monday    Wednesday    Friday
- 5 Days    Monday - Friday

#### **After School Option 2:00-4:45**

(must have a minimum of 10 children each day)

- Tuesday    Thursday
- Monday    Wednesday    Friday
- Monday - Friday

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date