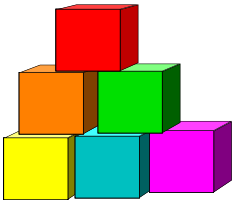

Little Willows Preschool, Inc.

50 Willow Street
Wollaston, MA 02170
(617) 773-6173

"Providing a safe, happy environment for children to learn, grow, and have fun"
Serving children from 2.6 to 7 years of age

FOR OFFICE USE:
DATE OF ADMISSION: _____
AGE AT ADMISSION: _____
PROGRAM: Learn & Grow Preschool

Hours of Operation:
7:45 a.m. – 5:30 p.m.

REGISTRATION

CHILD'S NAME: _____ **D.O.B.:** ____/____/____ **PLACE OF BIRTH:** _____
LAST FIRST MIDDLE

ADDRESS: _____
APT. # CITY STATE ZIP CODE

TELEPHONE #: (____)_____ **PRIMARY LANGUAGE:** _____

Child's Identifying Information (required by the Office of Child Care Services regulations):

EYE COLOR: _____ **HAIR COLOR:** _____ **SEX:**_____ **HEIGHT:** _____ **WEIGHT:**_____
SKIN COLOR: _____ **IDENTIFYING MARKS:** _____

PARENT/GUARDIAN INFORMATION:

NAME: Mr./Mrs./Ms. _____ **NAME: Mr./Mrs./Ms.**_____
RELATIONSHIP TO CHILD: _____ **RELATIONSHIP TO CHILD:** _____
Employment_____ **Employment:**_____
Employment Address:_____ **Employment Address:**_____
Employment Phone: (____)_____ **Employment Phone:** _____
PHONE # if different from above:(_____)_____ **PHONE # if different from above:** _____
BEEPER/CELL PHONE # _____ **BEEPER/CELL PHONE #** _____

EMERGENCY CONTACT *(if parents are unavailable)*
NAME: _____
ADDRESS:_____
PHONE #: _____
RELATIONSHIP TO CHILD:_____

Positive identification will be requested at time of pick-up.
List of people (other than parents) authorized to pick up child

NAME:_____
Relationship
NAME:_____
Relationship
NAME:_____
Relationship

FOR OFFICE USE ONLY:

REGISTRATION FEE: $ ___ $35.00 __
(Non-refundable)

1- WEEK TUITION DEPOSIT TO RESERVE SPACE (NON-REFUNDABLE) $ _____

TOTAL RECEIVED ___/___/___: $ _____
CK #: _____

WEEKLY TUITION: $ _____ (due in accordance w/contract)
Enrollment Begins: _____

X_____Date:_____

Authorized parent/guardian accepts financial responsibility for chosen schedule, in accordance with contract and school policies

REFERRED BY: _____

* *SCHEDULE**

FULL TIME: M-T-W-TH-F
Hours __:___a.m. to ___:___ p.m.

PART TIME: MORNING M-T-W-TH-F - Preschool
Hours __:___a.m. to ___:___ p.m.

PART TIME: AFTERNOON M-T-W-TH-F
Hours __:___ p.m. to ___:____p.m.

Part Time Preschool sessions offered:
M-W-F T – TH Monday - Friday

Flex schedules based on availability – 2 day minimum

MEDICAL INFORMATION

ALLERGIES: _____
CHILD'S DOCTOR: _____
_____
MEDICAL FACILITY: _____
_____
PHONE #: (____)_____
COMMENTS: _____
_____

A full registration package must be completed and returned, along with one week's (non-refundable) tuition deposit for processing and confirmation of schedule and rate lock.