



Wellesley Community Children's Center

Kindergarten Program Application Form 2021-22



Name of Child		Date of Birth	
Previous School			
Local Public School			

	Parent/Guardian 1	Parent/Guardian 2
Name		
Relationship		
Address		
Reachable Phone		
E-Mail		

How did you find out about our program? <i>If you were referred by a current WCCC family or staff member, please note below.</i>

Please **circle** the schedule that you wish to apply for.
\$50.00 Application fee must accompany this application.

Offerings & Pricing	
Full-Day Kindergarten 8:00 a.m. – 3:00 p.m. \$2,500 / month	Full-Day Kindergarten + After School 8:00 a.m. – 5:00 p.m. \$3,000 / month

Parent/Guardian Signature		Date	
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Questions?

Please contact After School/KDay Program Director Shawn Thompson at (781) 472-2367.

All applications should be scanned or emailed to shawn@wccc.wellesley.edu.

Please mail originals and check for \$50 to WCCC, 106 Central Street, Wellesley, MA 02481.

Please answer the below questions to help us best get to know your child.

How would you describe your child?

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Is there anything that you think would help us better understand your child (for example: divorce, death in the family, addition of a new family member)?

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Language Spoken at Home

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Does your child have allergies or a special diet?

YES

NO

Individual Health Plan due to a chronic health condition (ex. asthma, anaphylaxis)?

YES

NO

If yes, please explain:

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Are there any custody agreements, court orders, or restraining orders pertaining to this child?

YES

NO

If yes, please attach.

Does your child have any special limitations or concerns?

YES

NO

If yes, please explain:

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Does your child receive services during or outside of school (for example: PT, OT, speech)?

YES

NO

Parent/Guardian Signature

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Date

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