



# ROXBURY WESTON PROGRAMS, INC.

BRINGING FAMILIES TOGETHER IN A LEARNING COMMUNITY DEDICATED  
TO THE CELEBRATION OF DIVERSITY AND EXCELLENCE IN EARLY CARE AND EDUCATION

## Preschool Application Form

Please Send a Non-Refundable Application Fee of \$40 to:  
Roxbury Weston Programs Preschool  
P.O. Box 241  
Weston, MA 02493

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City, State \_\_\_\_\_

Home Phone \_\_\_\_\_

Primary Language (s) \_\_\_\_\_

## Parent/Guardian Information

|                             |                             |
|-----------------------------|-----------------------------|
| Parent/Guardian Name _____  | Parent/Guardian Name _____  |
| Relationship to Child _____ | Relationship to Child _____ |
| Home Address _____          | Home Address _____          |
| City, State _____           | City, State _____           |
| Home Phone _____            | Home Phone _____            |
| Business Name _____         | Business Name _____         |
| Business Phone _____        | Business Phone _____        |
| Cell Phone _____            | Cell Phone _____            |
| Email _____                 | Email _____                 |