

**Westford Integrated Preschool
Registration
2012-2013**

Name: _____

Date of Birth: _____

Age as of 9/1/12: _____

Sex: _____

Address: _____

Home Phone #: _____

Parent/Guardian: _____

Parent/Guardian: _____

Work/Cell Phone #: _____

Work/Cell Phone #: _____

To return this form by email	To return this form by mail
<p>send to: ncailler@westfordk12.us</p>	<p>Send to: Nichole Cailler Early Childhood Coordinator Westford Integrated Preschool @ Millennium School 23 Depot St. Westford, MA 01886</p>

Please return the registration form by February 17, 2012. You will be notified by March 15th if your child is accepted into the program. If you have questions about our program please call Nichole Cailler, Early Childhood Coordinator, at 978-692-5560 ext.2132 and leave a message. I will return your call as soon as possible. Thank you for your interest in the preschool.

I am interested in the following program option (please check one):

_____ Monday-Thursday, 9:00-3:00 Friday 12:30-3:00 (3 & 4s) \$630.00 per mo.

_____ Two a.m. sessions, 9:00-11:30 (3s) \$140.00 per mo.

_____ Four a.m. sessions, 9:00-11:30 (3s) \$280 per month

_____ Three p.m. sessions, 12:30-3:00 (4s) \$210.00 per mo.

_____ Four Extended Pre-K sessions, 11:30-3:00 (4s) \$385.00 per mo.

_____ Five p.m. sessions, 12:30-3:00 (3 & 4s) \$350.00 per mo