

**WINCHENDON PUBLIC SCHOOLS
PRE-K WAITLIST FORM
2019-2020**

Childs' Name	<div style="display: flex; justify-content: space-between;"> First Middle Last </div>	Gender
Address		
Date of Birth	<div style="display: flex; justify-content: space-between;"> Month Date Year </div>	Place of Birth
Primary Telephone		Email address

Parent/Guardians # 1	Relationship
Address	Telephone
Place of Employment	Work Phone

Parent/Guardian #2	Relationship
Address	Telephone
Place of Employment	Work Phone

Child's Legal Guardian	Relationship

Other Children of the Household:					
<u>Name</u>	<u>Relationship</u>	<u>Date of Birth</u>	<u>School</u>		
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Total Number of People Living in Household</td> <td style="width: 50px; height: 20px;"></td> </tr> </table>		Total Number of People Living in Household			
Total Number of People Living in Household					

Please send completed form to:
Winchendon Pre-K Program
32 Elmwood Road, Suite A-3
Winchendon, MA 01475

If you have any questions please call our office at (978)297-3436.

<i>For Office Use Only</i>	
Date Mailed	Date Received