



West Parish Family School

Application

Start date _____

Child's Name _____

Date of Birth _____

Father/Guardian's Name _____

Mother/Guardian's Name _____

Address _____

Address _____

Mailing address if different _____

Mailing address if different _____

Reachable phone number _____

Reachable phone number _____

Does this number accept texts? yes no

Does this number accept texts? yes no

Email _____

Email _____

I am applying for the following program:

2 days 3 days 4 days 5 days

Please circle days: M T W Th F

Additional fee options:

My child may need extended care between:

7:30 and 9:00 a.m. yes _____ no _____

If yes, early care arrival time: _____

3:00 and 5:30 p.m. yes _____ no _____

My child may attend:

February vacation week yes _____ no _____

April vacation week yes _____ no _____

Parent's Signature: _____ Date _____

Return this completed form along with the non-refundable application fee: New applicants \$65, returning students \$35.

Box 219, 2049 Meetinghouse Way, West Barnstable, MA 02668 508-362-4967

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www.westparishfamilyschool.org