

WRIGHT-LOCKE
FARM WINCHESTER, MA

Forest Friends

A Preschool Program at Wright-Locke Farm

Child's Name _____ Date of Birth ____/____/____

Age as of June 1, 2020 _____ Gender Identity: _____

Address _____ City/State/ZIP _____

Preferred Email (for school communications) _____

Child's Previous Daycare/Preschool Experience (Please specify) _____

In a few words, please describe your child _____

Guardian #1 Name _____ Cell Phone _____

Home Phone _____ Work Phone _____

Address (if different from above) _____

Guardian #2 Name _____ Cell Phone _____

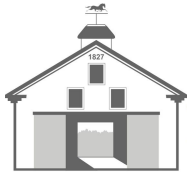
Home Phone _____ Work Phone _____

Address (if different from above) _____

Please rank your interest (1st choice, 2nd choice) for the program options. If you are not interested in one of the options, please leave it blank. (Note: Programs run from 8:30am-12:30pm.)

Mon/Wed: _____

Tue/Thu: _____



**WRIGHT-LOCKE
FARM** WINCHESTER, MA

Any additional notes: _____

Your signature indicates that the above information is true and accurate.

Parent Signature _____ Date ____/____/____

Please submit this form with the \$25 non-refundable application fee to:

**Director of Education
Wright-Locke Farm
PO Box 813
Winchester, MA 01890**

Thank you for your interest in our programs!

Wright-Locke Farm's Forest Friends program welcomes and encourages people of all races, ethnicities, gender identities, abilities, and backgrounds to apply.