

WELLINGTON STUDENT CARE PROGRAM KINDERGARTEN LOTTERY REGISTRATION

Child's Name:

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name:

Parent /Guardian Name:

Relationship to child:

Relationship to child:

Home Address:

Home address:

Home Telephone:

Home Telephone:

Cell Telephone:

Cell Telephone:

Email Address:

MORNING CARE & AFTER CARE ENROLLMENT / PREFERENCES

Morning Care 7:15 am – 8:30 am

Please circle preferred Morning Care program (there is no lottery for Morning Care):

Number of days	0	1	2	3	4	5
Please circle day(s) preferred:	0	M	T	W	TH	F

After Care **M,T,Th,F - 2:50 pm – 6pm** **W – 1:40pm - 6pm** **Wednesday Early Release 11:40am - 6pm**

Note: One day option is not available.

If you are requesting Wednesday students must be enrolled in 3 days of After Care.

Please circle preferred After Care Program: 5-day (M-F) 4-day 3-day 2-day(**no W**)

M T W TH F

The Days Listed on this form will be the days you are assigned via the lottery- you will not be able to add days.

Would take any days if preferred schedule not available: **yes** _____ **no** _____

***THIS FORM MUST BE TURNED IN BY MONDAY JUNE 29TH TO BE ELIGIBLE FOR THE AFTERCARE LOTTERY**

2020-2021 School Year