



**Kidsborough
9 Main Street
Southborough, MA 01772**

**Phone: 508-303-6309
Fax: 508-303-9967**

Registration 2009-2010 Schedule Request Form

Child's Name _____ Grade Fall 2009 _____

Please indicate the program(s) and days your child will be attending:

Private School: _____

Before School: AM (7:00 – 8:15)
Monday Tuesday Wednesday Thursday Friday

Kindergarten: AM (9:00 – 11:45) PM (12:00 – 2:45)
Monday Tuesday Wednesday Thursday Friday

After School: PM (3:10 – 6:00)
Monday Tuesday Wednesday Thursday Friday

Parent Signature _____ Date _____