



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

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

Kindergarten Registration 2009-2010 Schedule Request Form

Child's Name _____ School Fall 2009 _____

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

Kidsborough AM Kindergarten:

Before School: (7:00 – 9:00)
Monday Tuesday Wednesday Thursday Friday

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

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

Kidsborough PM Kindergarten:

Before School: (7:00 – 9:00)
Monday Tuesday Wednesday Thursday Friday

PM Kindergarten: (11:45 – 2:30)
Monday Tuesday Wednesday Thursday Friday

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

Parent Signature _____ Date _____