



**Kidsborough
Medfield, MA 02052**

**Phone: 508-562-2321
Fax: 508-303-9967**

Registration 2010-2011 Schedule Request Form

Child's Name _____ Grade Fall 2010 _____

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

Memorial School:

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

After School: PM (2:45 – 6:00)
Monday Tuesday Wednesday Thursday Friday

Wheelock School:

Before School: AM (7:00 – 8:45)
Monday Tuesday Wednesday Thursday Friday

After School: PM (3:20 – 6:00)
Monday Tuesday Wednesday Thursday Friday

Dale School:

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

After School: PM (2:45 – 6:00)
Monday Tuesday Wednesday Thursday Friday

Parent Signature _____ Date _____