



Webster Public Schools-Integrated Preschool Program

Application for Enrollment 2026-2027

Webster Public Schools * 77 Poland Street * Webster, MA 01570
Phone - 508-943-3646; Fax - 508-949-2364



Child's Name: _____

*DOB ____/____/____

SEX (circle one):

M

F

Non Binary

Parent(s) Names: _____

Street Address: _____

*Town/ZIP: _____

Phone: Home: _____ Cell: _____

Email Address: _____

***Children must be three years old before September 1, 2026 AND a resident of the town of Webster to be eligible for enrollment in September 2026. There will be NO exceptions.**

Session Preference: (Check One)

_____ 4-days/Tuesday - Friday - Morning Session (8:30 AM - 11:00 AM)

_____ 4-days/Tuesday - Friday - Afternoon Session (12:15 PM - 2:45 PM)

**While there is no guarantee that the session you prefer will be available, we attempt to place your child according to preference, if possible.*

Please answer the following questions to complete this application:

Is your child currently receiving Birth to Age 3 services through Early Intervention or have they previously?

Yes ____ No ____

Is your child currently receiving services through the Webster Public Schools?

Yes ____ No ____

If yes to either of these questions, please note what type of service is currently being provided (for example, Speech, Occupational Therapy, Physical Therapy, etc.) _____

I have read and understand the above information related to the Integrated Preschool Program.

Parent Signature

Date

-Central Office Use Only-

Screening Date & Time: _____