



# 2024-2025 WPC Participation Form for Elementary K-5

**(PLEASE RETURN THIS NOTIFICATION OF PARTICIPATION DIRECTLY TO YOUR CHILD'S TEACHER.)**

Dear \_\_\_\_\_ (teacher's name),

My child, \_\_\_\_\_, will attend the Westford Partnership for Children After School Enrichment Program.

He/ She will start the program on \_\_\_\_\_ and end on \_\_\_\_\_.

Please help him/her remember to go to the program at the end of the school day.

The central locations for the WPC programs are, please check which school your child will attend.

School (Program Site)	Program Central Location
Abbot School	Cafeteria
Crisafulli School	Cafeteria
Day School	Cafeteria
Miller School	Cafeteria
Nabnasset School	Cafeteria
Robinson School	Room 1

My child will attend the Enrichment Program on the following check/circle days:

Monday      Tuesday      Wednesday      Thursday      Friday

In the event school is dismissed early due to inclement weather and all afternoon activities are cancelled (including the After School Program), my child will go home by: (check one)

PARENT/GUARDIAN PICKUP

BUS (Number\_\_\_\_)

WALKER

The WPC After School Program **does not** run on the following school days in 2024-2025.  
November 27, December 20, April 18 and the last ½ day of school year.

Thank you,

\_\_\_\_\_

\_\_\_\_\_

(Parent/Guardian Signature)

(Date)

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