2026-2027 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	Cafeteria

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☐

Thank you,

(Parent/Guardian Signature) _____ (Date) _____

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