

Enrollment Application

Date of Application: _____

Child's Name: _____

Date of Birth or Due Date: _____

Parent Name: _____

Address: _____

Telephone Numbers: **Home** _____

Email _____

Mobile _____

Parent Name: _____

Address: _____

Telephone Numbers: **Home** _____

Email _____

Mobile _____

Please indicate your preference for enrollment by checking the appropriate box below. Your selection will be processed on a first-come, first-served basis. Priority is given to Amherst College families. If we cannot accommodate your selection because the time slot is full, we will advise you of remaining openings.

A \$25.00 non-refundable registration fee must accompany this form.

<u>Number of Days</u>	<u>8:00am-1:00pm</u>	<u>8:00am-5:00pm</u>
5 days	[]	[]
4 days	[]	[]
3 days	[]	[]
2 days	[]	[]
3 full days & 1 half day (am only)	[]	[]
2 full days & 1 half day (am only)	[]	[]
5 half days (am only)	[]	[]
4 half days (am only)	[]	[]
3 half days (am only)	[]	[]

Enrollment Application

Please “✓” all full days and “X” all half days your child will attend:

Monday Tuesday Wednesday Thursday Friday

Enrollment for session and classroom (please check the appropriate boxes):

<input type="checkbox"/> September through June	<input type="checkbox"/> Infant
<input type="checkbox"/> January through June	<input type="checkbox"/> Toddler
<input type="checkbox"/> July through August	<input type="checkbox"/> Preschool

**January through June slots only available when childcare slots are vacant in December.*

Woodside Children's Center honors vouchers or other subsidies to cover day care expenses. Please indicate if you will be presenting vouchers. Yes No

Are you affiliated with Amherst College? Yes No

Are you employed by Woodside Children's Center full time? Yes No

Please provide us with the following information:

1. What would you like us to know about your child?

2. What would you like your child to gain from this experience?

Enrollment Application

3. Has your child had experience playing with other children (please describe)? _____

4. Does your child have any special needs, disabilities or allergies (Woodside Children's Center does not discriminate in its enrollment practices against any protected category)?

Please return this application with a \$25.00 application fee to:

By US Mail:
Woodside Children's Center OR
155 Woodside Ave.
Amherst, MA 01002

By Campus Mail:
Woodside CC
A.C. Box 2294

A confirmation will be sent after April 1 for all sessions. Once you have received the contract, and returned a signed copy of the contract with payment; your childcare slot will be reserved.

-----**For Office Use Only**-----

Registration received on _____ *Check #* _____
Amount received _____ *Contract letter sent on* _____
Classroom enrolled in _____ *Schedule Approved* _____
Parent handbook given on _____