

Enrollment Application

Date of Application: _____

Child's Name: _____

Date of Birth or Due Date: _____

(circle one please)

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. Priority is given to Amherst College families looking for full time enrollment.

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	<input type="checkbox"/>	<input type="checkbox"/>
4 days	<input type="checkbox"/>	<input type="checkbox"/>
3 days	<input type="checkbox"/>	<input type="checkbox"/>
5 half days (a.m. only)	<input type="checkbox"/>	
4 half days (a.m. only)	<input type="checkbox"/>	

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

Monday Tuesday Wednesday Thursday Friday

Woodside Contracts run from July 1st– June 30th

Date wished to Enroll _____

Age Group you are looking for

- Infant
- Toddler
- Preschool

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 an employee Amherst College? 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?

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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
155 Woodside Ave.
Amherst, MA 01002**