Woodside Children's Center www.woodsidechildrenscenter.org

Enrollment Application

Date of Application: _		
Child's Name:		
Date of Birth or Due D	ate:	
(circle one please)		
Parent Name:		
Address:		
Telephone Numbers:	Home	
Totophone I (uma orași	Email	
	Mobile	
Parent Name:		
Address:		
Telephone Numbers:	Home	-
Telephone I (umbers)		
	Email Mobile	
	ference for enrollment by checking the to Amherst College families looking f	
A \$25.00 non-refundal	ole registration fee must accompany	this form.
Number of Days	8:00	0am-5:00pm
5 days		
4 days		
3 days		[]

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Please "√" all 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 sul care expenses. Please indicate if you will be presenting vou	1
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, and	or family culture?
2. What would you like your child to gain from this exper	rience?

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3.	Has your child had experience playing with other children describe)?	please
_		
4.	Does your child have any special needs, disabilities or alle Children's Center does not discriminate in its enrollment pany protected category)?	rgies (Woodside ractices against
_		
Di		G A.
Plea:	se return this application with a \$25.00 application	mi iee to:

By US Mail:

Woodside Children's Center 155 Woodside Ave. Amherst, MA 01002