

Enrollment Application

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 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, and or family culture?

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
155 Woodside Ave.
Amherst, MA 01002**