

## 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.**

Number of Days

8:00am-5:00pm

5 days

4 days

## 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?

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

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## Enrollment Application

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

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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)?

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

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**By US Mail:**

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