

Application Form

Please fill out each section entirely

Center/School:	Center Number:	Desired Start Date:	
Child's Name:	Gender:	Birth Date:	
Address where child resides:	City:	State:	Zip:
Child Resides With: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Please Specify) _____		Primary Language Spoken at Home:	

How did you hear about Wonderspring?:

Parent/Guardian 1 Information

Name:	Home Phone Number:	Cell Phone Number:	
Email Address:	Employer/Workplace:		
Work Address:	Work Phone Number:		
Home Address:	City:	State:	Zip:

Parent/Guardian 2 Information

Name:	Home Phone Number:	Cell Phone Number:	
Email Address:	Employer/Workplace:		
Work Address:	Work Phone Number:		
Home Address:	City:	State:	Zip:

Schedule Request

	Monday	Tuesday	Wednesday	Thursday	Friday
Approximate Arrival					
Approximate Departure					

Please briefly describe any special needs, disabilities, or allergies of your child.

Application fee: \$25 per child at time of Application. Those enrolled in ELRC, PKC or EHS there is no application fee.

Enrollment Fee: \$50 per family at time of enrollment

Please be advised that completion of this application is not a guarantee of placement in our program. Once your application has been received, we will notify you if placement for your child is available.

Signature of Parent or Guardian: _____

Date: _____

Signature of Center Administrator: _____

Date: _____