



Application/Enrollment Form

Center/School:	Grade as of September 2021:	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:

Please check the days needed for each program type. (Minimum of 3 days/week)

Before School Care Program (7:00 AM – 9:00 AM)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
After School Care Program (3:20 PM – 6:00 PM)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday

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

Application Fee: \$25 per child at time of Application / Enrollment Fee: \$50 per family at time of Enrollment
(Both Application and Enrollment Fees are Non-refundable)

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:
