

ADMIN USE ONLY:

Received By: _____ New: Change: Termination:

Date Received: _____ Date Effective: _____

Application/Enrollment Form

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:

Please check the days of care needed. Min. of 3 days a week.
Please indicate AM or PM hours by filling in the times

DAY:	AM:	PM:
<input type="checkbox"/> Monday		
<input type="checkbox"/> Tuesday		
<input type="checkbox"/> Wednesday		
<input type="checkbox"/> Thursday		
<input type="checkbox"/> Friday		

Daily Expected Food Service

Breakfast Lunch PM Snack

Is this child school age? Yes No

If yes, will additional meals be provided when school is not in session? Yes No

If yes, specify the meal:

Breakfast Lunch PM Snack

Please briefly describe any special needs, disabilities, or allergies of your child. Continue on back if needed.

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: _____