



ADMIN USE ONLY:

Received By: _____ New: Change: Termination:

Date Received: _____ Date Effective: _____

Application School Age Care for Virtual Learners Colonial

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 expected drop-off and pick up times.

Rates: includes breakfast and PM snack

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

Weekly: \$225
PT: \$170
Drop-in: \$70

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

Application Fee: \$25 per new child at time of Application
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: _____