



ADMIN USE ONLY:

Received By: \_\_\_\_\_ New:  Change:  Termination:

Date Received: \_\_\_\_\_ Date Effective: \_\_\_\_\_

# Application School Age Care for Virtual Learners Wynnewood

|   |  |                |                                  |      |
|---|--|----------------|----------------------------------|------|
| Center/School:  |  | Center Number: | Desired Start Date:              |      |
| Child's Name:   |  | Gender:        | Birth Date:                      |      |
| Address Where Child Resides:  |  | City:          | State:                           | Zip: |
| Child Resides With:<br><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 drop-off and pick up times.

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

**Rates: includes breakfast and PM snack**

Weekly: \$240  
Part Time: \$180  
Drop-In \$75

*Note: Part Time is either 3 full days (7:30 am-5:30 pm) a week or 5 days (9am-3pm). Drop-In rate is per day and is based on availability. Parents must call ahead.*

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: \_\_\_\_\_