



WOODS HOLLOW CHILDREN'S CENTER
APPLICATION FOR ENROLLMENT *



Name of Child: _____

Birth date: _____

Parent/Guardian:

Name: _____

Phone: _____

Address: _____

Employer: _____

E-mail Address: _____

Parent/Guardian:

Name: _____

Phone: _____

Address: _____

Employer: _____

E-mail Address: _____

It is strongly encouraged that families schedule a tour/ visit to see the environment and meet the staff prior to enrollment.

PROGRAM CHOICE:

_____ **Full Time Enrollment** (Monday – Friday, up to 10 hours per day)

_____ **After School Care** (K- 3rd grade) School Attending _____
(9 months only)

_____ **Summer School – Age** (K-4th grade) Grade completed before summer indicated ____
(3months only) School Attending: _____

Desired Start Date: _____

A non-refundable **Application Fee** of \$50.00 must accompany this form in order for your child to be considered for enrollment. If currently enrolled and use ACH, the fee will be charged to your account. Once a spot is offered, an additional \$250.00 **Confirmation Fee** must be paid within 10 business days to hold a place for your child when space is available. This \$250.00 Confirmation Fee is credited to your tuition account after three months of enrollment or forfeited if your child does not enroll and remain in the program for more than three months. Please refer to the Fee Schedule for tuition rates.

Parent/Guardian Signature: _____ **Date:** _____

*complete one form per child

Referred to WHCC by: _____ (name of staff/family)

Office Use Only:

Application Fee Paid (\$50):	_____
Check #:	_____
ACH Withdrawal	_____
Referral Verified:	_____