



WOODS HOLLOW CHILDREN'S CENTER
APPLICATION FOR ENROLLMENT *
School Age



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:

_____ **Drop in care** for the current program year of _____ (availability is based on current enrollment and will vary by date)

_____ **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. Please refer to the Fee Schedule for tuition rates. If currently enrolled and use ACH, the fee will be charged to your account.

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

*complete one form per child

Office Use Only:

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