



**WOODS HOLLOW CHILDREN'S CENTER**  
**APPLICATION FOR ENROLLMENT \***  
**Summer School Age (K-4<sup>th</sup> Grade)**



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 summer** (mid June when Madison schools end through the end of August)

Grade completed before summer indicated: \_\_\_\_\_ School Attending: \_\_\_\_\_

\_\_\_\_\_ **Partial Summer** Please list weeks you need care: \_\_\_\_\_

**Offers for the full summer program are made first. After these are confirmed any remaining weeks be offered out to families who request partial summer.**

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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	_____