



***Thank you for your interest in enrollment at Wilma Valentine Childcare! You will be contacted on the status of your application as soon as it is reviewed by the staff and director.***

### ENROLLMENT APPLICATION

#### Child's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_  Male  Female

Date you wish to start child in program \_\_\_\_\_

How did you hear about our center? \_\_\_\_\_

Referred By \_\_\_\_\_

Is your child currently enrolled in another daycare program? \_\_\_\_\_ Where? \_\_\_\_\_

**Does your child currently attend preschool:** YES  NO

Shelby Hills Early Childhood: AM  PM  Teacher's Name: \_\_\_\_\_

Whittier Early Childhood Center: AM  PM  Teacher's Name: \_\_\_\_\_

Other Preschool: \_\_\_\_\_

Child's School District for Kindergarten: \_\_\_\_\_

**What (if any) special needs does your child have? (Disabilities, Diagnosis, Allergies)**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child nap?** YES  NO  **Comments re: nap if needed:**

\_\_\_\_\_  
\_\_\_\_\_

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**Parent or Guardian Information**

Mother's Name	_____	Father's Name	_____
Home Address	_____	Home Address	_____
Cell Phone	_____ TEXT Y N	Cell Phone	_____ TEXT Y N
Home Phone	_____	Home Phone	_____
E-mail Address	_____	E-Mail Address	_____
Employer Name	_____	Employer Name	_____
Work Phone	_____	Work Phone	_____

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Contact #3	_____	Relationship	_____
Phone	_____ TEXT Y N	Work Phone	_____

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**Weekly Schedule (PLEASE FILL OUT ACCURATELY AND COMPLETELY)**

IN:	Monday	_____	OUT:	Monday	_____
	Tuesday	_____		Tuesday	_____
	Wednesday	_____		Wednesday	_____
	Thursday	_____		Thursday	_____
	Friday	_____		Friday	_____

**The following forms and fees must be turned in before your child can start in childcare:**

**Birth Certificate, Immunization Record, Medical Form signed by a physician, Emergency Medical Authorization, Parent Roster Info, \$25 Registration fee, Keycard fee if applicable, and first week's payment.**

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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*For Office Use Only*

Status Full-Time  Part-Time

Fee Rate Based on Schedule Amount \_\_\_\_\_  Daily  Weekly  Hourly

Registration Fee \_\_\_\_\_

Start Date \_\_\_\_\_

Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_