



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 Preschool: 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:**

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 | _____ |

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

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: _____

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: _____