

ENROLLMENT APPLICATION

Child's Full Name: _____ Date of Birth: ____/____/____

Primary Address: _____

Mother/Guardian: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail: _____

Father/Guardian: _____

Phone: (Home) _____ (Cell) _____ (Work) _____

E-mail: _____

SCHEDULE REQUESTED FOR 2, 3, OR 4-YEAR-OLD CLASSES

I would like to enroll my child...

____ 2 days per week ____ Monday & Wednesday OR ____ Tuesday & Thursday
____ 3 days per week ____ Monday / Wednesday / Friday OR ____ Tuesday / Wednesday / Thursday
____ 4 days per week ____ Monday – Thursday OR ____ Tuesday – Friday
____ 5 days per week ____ Monday – Friday

My child will attend...

____ Preschool Only (9am – 12pm) I will need Early Drop Off services 7:45am-9:00am ____ Yes ____ No
(Early Drop Off is available for an additional fee for children not enrolled in the full day child care program.)

____ Full Day Option #1 (Drop off after 7:45am, Pick up by 3:00pm)

____ Full Day Option #2 (Drop off after 7:45am, Pick up by 5:30pm)

Parent/Guardian Signature _____ Date _____

SCHEDULE REQUESTED FOR WV PRE-K CLASS

Children enrolled in WV Pre-K must be 4-Years-Old **BEFORE** June 30th of the current enrollment year.

____ WV Pre-K Only (8am-3:00pm)

____ I will need After Care Monday-Thursday, 3:00pm-5:30pm

____ I will need child care services on Fridays

Parent/Guardian Signature _____ Date _____