



Woodlands Academy

OF EARLY LEARNING

Child Care Enrollment Application

Child's Name : _____

Date of Birth: _____

Parent Name: _____

Address : _____

Days of Week Care Needed: _____

Drop off time: _____

Pick up time: _____

Date you wish to enroll: _____

Is your child potty trained and self sufficient in the rest room?: _____

Special needs, accommodations, medications or allergies: _____

Was your child previously in child care? If so, what was the reason for leaving: _____

Are there any anticipated adjustment issues?: _____

Does your child exhibit behavioral problems?: _____

Are there any special family circumstances (such as custody arrangements, guardianship, foster

Care, etc.:

Your expectations of child care:

Please share any other information that will help us learn and understand your family and your

Child:

Signature

Date