WHIZ KIDS LEARNING CENTER

APPLICATION FOR ENROLLMENT

Child's name:				Date of birth:			
Ad	dress:		Phone	- e:			
Ра	rent Name: me phone #: _				c phone #:		
Parent name: Home phone #:							
			ENROLLMENT	INFO	RMATION		
Ple	ease circle the	days you woul	d like your child	l to at	tend:		
	Monday	Tuesday	Wednesday		Thursday	Friday	
Wh	nich program w	ould you like t	o enroll your ch	ild in:			
()Infant/Toddler (full days, full week only)						
() Preschool/Pre-K (9:00 - 12:30)						
() Morning childcare (includes Preschool/Pre-K) (8:30 - 12:30)						
()Short daycare (includes Preschool/Pre-K) (8:30 - 3:30)						
()Long daycare (includes Preschool/Pre-K) (8:30 - 5:00)						
()Short Afternoon care (12:30 - 3:30)						
()Long Afternoon care (12:30 - 5:00)						
() After school / all day kindergarten care (3:00 - 5:00)*						
()Before school care (8:30 - 9:00)*						
()Before and After school care*						
	* which school does your child attend?						grade
()Summer C	amp (full days	only)				
Wł	nen would you	like your child'	s enrollment to	begin	?		
			Learning Cente			_	

There is a one time (non-refundable) \$25 registration fee per child, to be paid at time of registration.