**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name:**

**Date of Birth or Due Date:**

(circle one please)

|  |  |
| --- | --- |
| **Parent Name:** |  |
| **Address:** |  |
|  |  |
| **Telephone Numbers:** | **Home** |
|  | **Email** |
|  | **Mobile** |
| **Parent Name:** |  |
| **Address:** |  |
|  |  |
| **Telephone Numbers:** | **Home** |
|  | **Email** |
|  | **Mobile** |

Please indicate your preference for enrollment by checking the appropriate box below. Priority is given to Amherst College families looking for full time enrollment.

**A $25.00 non-refundable registration fee must accompany this form.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Number of Days** |  | | | 8:00am-5:00pm | |
| 5 days |  |  |  |  | [ ] |
| 4 days |  |  |  |  | [ ] |
| 3 days |  |  |  |  | [ ] |
|  |  |  |  |  |  |
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**Please “**✔**” all days your child will attend:**

[ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

**Woodside Contracts run from July 1st– June 30th**

**Date wished to Enroll\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Age Group you are looking for**

**[ ] Infant**

**[ ]Toddler**

**[ ] Preschool**

**Woodside Children’s Center honors vouchers or other subsidies to cover day care expenses. Please indicate if you will be presenting vouchers.** [ ] Yes [ ] No

**Are you an employee Amherst College?** [ ] Yes [ ] No

**Please provide us with the following information:**

1. What would you like us to know about your child, and or family culture?

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1. What would you like your child to gain from this experience?

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1. Has your child had experience playing with other children (please describe)?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Does your child have any special needs, disabilities or allergies (Woodside Children’s Center does not discriminate in its enrollment practices against any protected category)?

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**Please return this application with a $25.00 application fee to:**

**By US Mail:**

**Woodside Children’s Center**

**155 Woodside Ave.**

**Amherst, MA 01002**