

Office Use Only:
Program(s) Enrolled _____
First Day Attended: ___/___/___
Last Day Attended: ___/___/___



2020-2021 Enrollment Application

Child's Full Name: _____ Birthdate: _____

Preferred Name/Nickname: _____ Gender: ___ F ___ M

Street Address: _____ City: _____ State: _____ ZIP: _____

Mother: _____
Name Cell &/or Work Phone Preferred Email

Mother's Address (if different from child's): _____
Street City State ZIP

Mother's Employer: _____
Occupation Company Name Street City State ZIP

Father: _____
Name Cell &/or Work Phone Preferred Email

Father's Address (if different from child's): _____
Street City State ZIP

Father's Employer: _____
Occupation Company Name Street City State ZIP

Siblings (First Name/Age/Gender): _____

Language(s) Spoken at Home: _____ How did you hear about CWP? _____

If your child previously attended another Child Development Centers (i.e. daycare, preschool, etc.), please list:

Your Reason for leaving? _____

Will your child concurrently attend another Child Development Center? If so, please list the school or daycare center: _____

Please check all that apply to your child: ___ Allergies ___ Special Needs ___ Developmental/Speech Delays

Details on above needs: _____

Childcare Provider or Other Person(s) Authorized to Pick Up Child in Emergency:

1) _____
Name Address Phone Relationship to Child

2) _____
Name Address Phone Relationship to Child

Program(s) you are applying for: Parents' Day Out (PDO) _____ Preschool _____ Both _____

Primary Class Choice(s): _____

Alternate Class Choice(s): _____

Financial Agreement: A non-refundable Registration Fee (per child) must be submitted with this application, plus a non-refundable deposit of one month's tuition (per child, per class), which will be applied to your May 2021 invoice. Checks should be made payable to *Children's Weekday Program*. The \$30/day annual snack and supply, fee, and all other forms provided to you by CWP (including the VA State Health Form) will need to be completed by May 1st. The supply fee is non-refundable beginning August 1, 2020. Once school begins, tuition payments will be due the 1st day of each month (Sept-April). Payments received after the 5th of each month will incur a \$25 late fee. If tuition is not paid for 2 months, the child will forfeit his/her enrollment. **Enrollment Agreement:** CWP welcomes children of all racial, religious, and ethnic backgrounds. If a child fails to adjust satisfactorily to the program in any way, the child may be disenrolled. Staff changes can occur at any time, and it is not possible to guarantee a specific teacher or class placement. Enrollment applications are subject to approval of the CWP Board. The school calendar, which runs from mid-Sept through May, generally follows the Arlington County School Calendar with regard to holidays, breaks and school closings. CWP reserves the right to schedule vacations, faculty meetings, training sessions, and workdays at our discretion.

Signature: _____ Printed Name: _____ Date: _____