



Application for Enrollment

<input type="checkbox"/>	\$20 paid via Zelle
<input type="checkbox"/>	\$20 paid via check

Family Information	
Child's full name	Date of birth
Parent/guardian name	Relationship
Email	Phone number
Parent/guardian name	Relationship
Email	Phone number

Enrollment Information	
Preferred start date: Preferred weekly schedule: <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Is your weekly schedule flexible? Are there any other days that DO or do NOT work for your family? Any other scheduling preferences you'd like us to consider?

Other information
How did you hear about us? Did anyone refer you? What is your child's current care situation and why are you looking to change it? Are your child's immunizations, including COVID, up to date? Is there anything else you think it would be helpful for us to know about your child/family?

Waitlist agreements
_____ (initial) I have read about and understand the application process detailed on the WPP website _____ (initial) I understand that applying for enrollment is not a guarantee of enrollment at WPP _____ (initial) I understand that my application fee is non-refundable

Signatures		
Parent name	Parent signature	Date