

**WOODS HOLE DAY CARE COOP, INC.
TODDLER/PRESCHOOL REGISTRATION FORM
SCHOOL YEAR 2018-2019**

Child's name _____ M_F_ Birthdate _____
 Parents' Names _____ M_F_ _____ M_F_
 Address _____ Home Phone _____

 Parent cell phone _____ Parent cell phone _____
 E-mail _____ E-mail _____

Schedule 1st choice (Please check all that apply)

Times	M	T	W	Th	F
8:30-1:00					
8:30-5:00					

Schedule 2ND choice* (Please check all that apply)

Times	M	T	W	Th	F
8:30-1:00					
8:30-5:00					

Schedule 3RD choice* (Please check all that apply)

Times	M	T	W	Th	F
8:30-1:00					
8:30-5:00					

*Anything less than full time requires a 2nd and 3rd choice.

Desired Start Date: _____ Comment: _____

Has this child or a sibling attended previously? _____yes _____no

Where did you hear about the program? (newspaper, phone book, etc.) _____

Woods Hole Day Care Cooperative does not discriminate on the basis of race, religion, cultural heritage, political beliefs, marital status, disabilities, national origin or sexual orientation.

Registration information:

Along with the registration form, a \$225 deposit is required to secure your enrollment. Of this amount, \$25 is a non-refundable registration fee, and \$200 is an up-front payment, applicable to first month's fees and tuition, and refundable up to 60 days before your start date (Through June 30th for fall registration).

To secure your slot please complete this registration form and return with your \$225. Contact information:

Woods Hole Day Care Co-op (WHDC)
 P.O. Box 561
 Woods Hole, MA 02543

508-548-9473
 cell 508-274-3756
 woodsholedaycarecooperative@gmail.com

SIGNATURE _____ **DATE** _____