

**WOODS HOLE CHILD CENTER
REGISTRATION FORM**

Alumni Registration begins February 13, 2010

OPEN Registration begins March 1, 2010

Child's Name _____ Date of Birth _____
Nickname _____ Sex _____
Mother/Guardian _____ Occupation _____
Father /Guardian _____ Occupation _____
Address _____ Phone _____
_____ Email _____
Family Physician _____ Phone _____
In case of emergency _____ Phone _____
Siblings _____ Age _____
_____ Age _____

Tuition to be paid: Annual: _____ Term: _____ Monthly: _____
Days child to attend: Five: _____ Four: _____ Three: _____ Two: _____
Days preferred: _____ Date for enrollment: _____
Maintenance: Cooperative Plan (work 10 hours): _____ Pay Plan (pay \$200): _____
Parent-Helping days preferred: _____
Interest in Lunch Bunch days: **Five**__ **Four**__ **Three**__ **Two**__ **One**__ **Irregular/As desired**__ **No interest**__
Are you a Child Center Alumni Family? _____
If so, who in your family attended the Child Center? _____

Please add any other information you would like us to know about your child. In addition, let us know if you would be interested in any duties or positions (i.e.: Board positions) in lieu of maintenance hours.

ENROLLMENT FEES TO INCLUDE WITH THIS FORM: ENROLLMENT FEES ARE NON-REFUNDABLE

- \$25.00 registration fee (per child)
- \$15.00 annual membership fee (one per family).
- Deposit of 10th tuition payment: \$119/2-days; \$176/3-days; \$239/4-days; or \$297/5-days

Tuition is due on the first of the month, unless paying by TERM which is due on the first day of school, December 1st and March 1st, or paying ANNUAL which is due the first day of school in September.

I have read the above requirements and agree to the terms as described:

Signed: _____ Date: _____

Return to: Woods Hole Child Center, PO Box 504, Woods Hole, MA 02543

Date rec'd: _____ Date Notified: _____ Tuition Enclosed: _____
