



11810 Parklawn Dr. Rockville, MD 20852 Tel: (301) 230-9720 Fax: (301) 230-9724 Web: www.wfchm.com

Application for Enrollment

Child's Name: _____

Home Address: _____

Home Phone: _____

Birth Date: ____/____/____

Desired Date of Enrollment: ____/____/____

Please Check Programs Desired

Montessori Pre-School Program

<input type="checkbox"/>	Half Day	9:00am -12:00pm
<input type="checkbox"/>	Half Day with Nap	9:00am - 3:00pm
<input type="checkbox"/>	School Day (Pre-K. And K.)	9:00am - 3:00pm

Montessori Extended Care Programs

<input type="checkbox"/>	AM Early Risers	7:30am - 9:00am
<input type="checkbox"/>	PM adventures	3:00pm - 6:00pm

Two-Year-Old Programs

<input type="checkbox"/>	Half Day	9:00am -12:00pm
<input type="checkbox"/>	Half Day with Nap	9:00am - 3:00pm

Two-Year-Old Extended Care Programs

<input type="checkbox"/>	AM Early Risers	7:30am - 9:00am
<input type="checkbox"/>	PM Adventures	3:00pm - 6:00pm

Child's common or nickname: _____

Is your child toilet trained? _yes _no

List any big events in your child's life (ex: birth of a sibling, etc.): _____

Describe any social, emotional, or physical needs your child may have: _____

What goals do you have for your child that you hope will be attained at White Flint Children's House? _____

Mother's Name: _____

Employer's Name: _____

Employer's Address: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Father's Name: _____

Employer's Name: _____

Employer's Address: _____

Work Phone: _____ Cell Phone: _____

E-mail Address: _____

Marital Status: ____ Married ____ Single ____ Civil Union ____ Widowed ____ Divorced ____ Separated

Legal guardian of child: _____

Person authorized to pick up your child up from school: _____

Names and ages of siblings: _____

How did you learn about White Flint Children's House? _____

Why did you choose White Flint Children's House for your child? _____

School/Daycare previously attended: _____

Please enclose a \$50.00 non-refundable application fee with this application.

Signature of Parent or Guardian

Date ____/____/____

***Upon confirmation of acceptance there is a \$550.00 non-refundable enrollment fee to secure your child's space.**

For Office Use Only

Application Fee Rec'd ____/____/____

Check # _____

Play Date Scheduled ____/____/____

Acceptance Card Sent ____/____/____

Enrollment Fee Rec'd ____/____/____

Check # _____

Enrollment Packet Sent ____/____/____

WFCH provides equal opportunity to all staff and students. No person is discriminated against on the basis of race, color, religion, sex, age, national origin, disability, or sexual orientation in the admission of students, the employment of staff, or in the administration of policies.