



Application for Enrollment

Thank you for considering West Hill Educare for your child.

(Date Received _____)
office use only

Once received your application will be kept for two years or until your child is no longer eligible for enrollment.

If an offer for enrollment is declined, the application will be withdrawn.

Please notify us if your street address, e-mail address or phone number changes.

Child's Full Name _____

Name Used _____

Home Address _____

Home Phone _____ Date of Birth _____ Sex _____

Siblings Names and Ages _____

Other living with family _____

Parent/Guardian _____ Occupation _____

Name of Firm _____ Business Phone _____

Home Address _____ E-mail _____
(if different)

Home Phone _____ Cell Phone _____
(if different)

Parent/Guardian talents, hobbies, special interests _____

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Home Address _____ E-mail _____
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Home Phone _____ Cell Phone _____
(if different)

Parent/Guardian talents, hobbies, special interests _____

What, if any, care has your child received by people other than her/his parents?
(day care, playgroups, time with grandparents, babysitters, or other adults)

What do you hope your child will gain from attending West Hill Educare?

Do you have any concerns about your child's growth/development or behavior? Any known speech/hearing problems or learning challenges?

Does your child have any special medical needs or allergies? _____ If so, please specify:

Has your child ever been stung by a bee? _____

What are your child's favorite foods so far?

Please tell us about your child's current napping schedule/routine:

Have there been any notable occurrences in your child's life? (hospitalization, moving, divorce, etc.)

Does your child have any special fears? If so, please specify:

Do you have any comments that you feel may add to our understanding of your child and his/her needs?
(adoption, special family circumstances, specific ways of reacting or behaviors, etc.)

Enrollment is generally limited to full-time, Monday-Friday from 8:30am-4:30pm.

Part-time care is limited to half days and/or four days/week.

Please note your preferred schedule and any special requests here:

I wish to enroll my child in _____, 20____.

At that time, my child will be ___ years and ___ months old.

Please download, complete and forward application to:
westhilleducare@gmail.com

*Please call for address to send by mail:
831.465.4518*

How did you learn about WHE?
Is there a friend or co-worker we can thank for referring you to WHE?

Note: West Hill Educare does not discriminate against children or parents due to race, color, ethnicity, national origin,

ancestry, religion, disability, medical condition, marital status, sex, sexual orientation or gender expression.