

WCSU CHILD CARE CENTER

Operated by EDADVANCE

2017-2018 Registration Form

Start Date:

Child's Name _____	Date of Birth _____
Mother's Name _____	
Address _____	Home Phone _____
City _____ State _____ Zip _____	Bus. Phone _____
Mother's Email _____	Cell Phone _____
Mother's Employer _____	
Father's Name _____	
Address _____	Home Phone _____
City _____ State _____ Zip _____	Bus. Phone _____
Father's Email _____	Cell Phone _____
Father's Employer _____	

Are you affiliated with WCSU? Yes No

If yes, please select affiliation: ___ Staff ___ Faculty ___ Administration ___ Student

Hours of Care Needed:

Monday	_____ am	_____ pm
Tuesday	_____ am	_____ pm
Wednesday	_____ am	_____ pm
Thursday	_____ am	_____ pm
Friday	_____ am	_____ pm