

WOODLYN ACADEMY'S

Pre-Enrollment Application

Name:	Te	lephone:	Email:
1. How did you h	ear about us?		
□ Friend/Ref □ Yellow Pag □ Sign			
□ Website			
☐ Advertiser			
□ Newspape	r		
2. What are some	of the things you lo	ok for in a quality	y day care?
3. Do you current	ly have CCIS or are	you a Private Pa	y family?
□ CCIS	☐ Private Pay		
If you have CCIS	have you given you	ır CCIS worker o	our provider number (1114062154-1)?
□ yes	□ no		
Do you have a Co	CIS co-pay?		
□ CCIS	□ Private Pay		
4. If applicable, w	hat is your payment	preference?	
□ Cash □ Check □ On-line Pa □ Credit/Del			



	dren are you interested in enrolling?
(Name, age, date of birth)	
1.	
2.	
3.	
4.	
5.	
6. Are any of the c	hildren school age?
□ yes	□ no
If so, what school'	s do they attend?
1. 2.	
3.	
4.	
5.	
7. Do you need ful	ll time or part-time care?
□ full-time	□ part-time
8. Will your child/	ren need transportation?
□ yes	□ no
Please specify:	
9. Has your child/	ren ever attended day care? If, so why did they leave?
□ yes	□ no



10. Does your ch	nild/ren have any special needs that the center should be aware of?
□ yes	□ no
11. Does your ch	nild/ren currently receive any behavioral support services?
□ yes	□ no
12. Does your ch	nild/ren currently have an IEP?
□ yes	□ no
13. If so, will you	a provide a copy for the center?
□ yes	□ no
14. Please choose a parent intervie	e a date and time for your child/ren to have a center visit and for you to have ew.

Thank you for your interest in Woodlyn Academy. You will be contacted regarding your child's enrollment within 3 to 5 business days.