

WHISTLE STOP CHILD DEVELOPMENT CENTER

PRE-ENROLLMENT

DATE _____ VA EMPLOYEE _____ W.L. FEE(\$50.00)* _____ DESIRED START DATE** _____

YOUR NAME: _____

PHONE: WORK _____ HOME _____ CELL _____

EMAIL: _____

HOME ADDRESS: _____

CHILD'S NAME _____ AGE _____ DOB/DUE DATE _____

1. DO YOU NEED FULL-TIME CARE (5 DAYS PER WEEK) YES _____ NO _____
2. DO YOU NEED PART-TIME or PART WEEK CARE YES _____ NO _____

PLEASE INDICATE YOUR DESIRED SCHEDULE

_____ 2 FULL DAYS PER WEEK (TUESDAY/THURSDAY)

_____ 3 FULL DAYS PER WEEK (MONDAY-WEDNESDAY-FRIDAY)

AVAILABILITY OF PART TIME SCHEDULING IS DEPENDENT ON OUR ABILITY TO MATCH PART-TIME SCHEDULES TO EQUAL A FULL-TIME SCHEDULE.

PRESCHOOL ONLY

_____ 2 PARTIAL DAYS PER WEEK (TUESDAY/THURSDAY, 6:00-12:00 or 12:00-6:00)

_____ 3 PARTIAL DAYS PER WEEK (MONDAY, WEDNESDAY, FRIDAY / 6:00-12:00 or 12:00-6:00)

_____ 5 PARTIAL DAYS PER WEEK (6:00-12:00 or 2:00-6:00)

PRIORITY

1. SIBLINGS OF CHILDREN CURRENTLY ENROLLED
2. CHILDREN OF VA EMPLOYEES (70% of Enrollment)
(Includes Residents and Fellows)
3. COMMUNITY CHILDREN (30% of Enrollment)

*Pre-Enrollment fee is non-refundable.

** We are unable to guarantee that a space will be available at your desired start date.