



**Woods Child Development Center
Registration Request 2021-2022
PART DAY**

All **ALUMNI, WOODS CHURCH members and NEW FAMILIES** must complete this form and return it to the CDC Office by the applicable date listed below to maintain their priority enrollment status for the next school year. Forms received after your group's dates will be processed on a space available basis. Your child must be the age of the class by September 1, 2021. Please use one form per child.

Child's Name _____ Date of Birth _____

Class offerings are listed below. Please indicate your **1st** choice (and **2nd** choice, if desired).

Please list a second choice only if you can commit to that choice as an alternate and you know it will work for your family's schedule.

2-Year Olds (must be 2 before September 1)

() Wed/Fri 9:15am – 11:45am
 () Tues/Thurs 9:15am – 11:45am

Tuition: 2 days/week = \$337/month **Supply Fee:** \$125

3-Year Olds (must be 3 before September 1)

() Mon/Wed/Fri 9:15am – 12:15pm
 () Tues/Thurs 9:15am – 12:15pm

Tuition: 3 days/week = \$455/month **Supply Fee:** \$125
 2 days/week = \$320/month

4-Year Olds (must be 4 before September 1)

() Mon/Wed/Fri 9:25am – 2:45pm
 () Tues/Thurs 9:25am – 2:45pm

Tuition: 3 days/week = \$655/month **Supply Fee:** \$140
 2 days/week = \$445/month

A registration fee of \$175 per child must accompany your Registration Request form. Please make your check payable to "Woods CDC." This fee is **non-refundable** if your child is placed in a class you requested and you decline the placement. Registration Request forms must be received in the CDC Office according to the following schedule to receive priority consideration:

	Check as applicable
Woods CDC Alumni (since 2013) Family	Jan 11-15 _____
Woods Church <i>Active</i> Member	Jan 19-22 _____
New Family	Jan 25-29 _____

By my signature, I confirm that I understand that 1) this form is preliminary to signing a contract for 2021-2022 and although I am not obligated to follow through with a signed contract, 2) the enclosed fee is **non-refundable** if I decline a placement I requested above for my child:

Parent Signature _____ Date _____

Parent Name (printed) _____

Daytime Phone: _____ Email: _____
 (please print this information carefully)