



Early Childhood Programs Application Form

Please fill out one form per child. Additional forms are available at wonderschildcare.org. A \$50 non-refundable application fee must accompany each application. Applications will be accepted on or after Aug 1st prior to the year your child is eligible for care. Mail or drop-off to Wonders at 4607 Willard Avenue, Chevy Chase MD, 20815.

Today's Date _____ Requested Starting Date _____

Child Information

Last Name _____ First Name _____

Nickname _____ Birth Date _____

Male Female

Wonders Alumni or Sibling Yes No Sibling Name _____

Parent/Guardian Information

Parent/Guardian One Montgomery County Government Employee Yes No

Last Name _____ First Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone/Pager _____ E-mail _____

Parent/Guardian 2 Montgomery County Government Employee Yes No

Last Name _____ First Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone/Pager _____ E-mail _____

Program Choices: If interested in more than one site please indicate preference #1, #2 and #3.

___ Edgemoor (ages 2 months through Pre-K)

___ Leland (ages 2 years through Pre-K)

___ Park (ages 18 months through Pre-K)

Age range as of September 1 of the Program Year (2010-2011) or (2011-2012)

___ 2 - 23 months (2, 3, 5 days)	M	T	W	Th	F
___ 2 - 3 years (2, 3, 5 days)	M	T	W	Th	F
___ 4 - 5 years (Pre-K - 5 days)	M	T	W	Th	F

Office Use Only

App. Fee \$ _____

Deposit \$ _____

Reg Fee \$ _____

Total \$ _____

Check # _____

Date Rec'd _____

Start date _____

Site _____

M T W Th F

Classroom _____

Wait List