

# Woodland Early Life Learning Center

## Application for Enrollment

Please return **completed application and \$25.00 Application Fee (non-refundable)** to:

Woodland Early Life Learning Center  
4434 Thomas Nelson Highway  
Arrington, VA 22922  
(434)263-6811

### Student Information

Student Name: \_\_\_\_\_  
Last First Middle Name preference

Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Legal Custody or Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Other Children's Names	Age	Grade	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Emergency Information:

Medicine Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### Authorized Pick-up Persons:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Non-Authorized Pick-up Person(s):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Additional Information:**

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**Person to be called in case of an emergency if parents cannot be reached:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Agreements:**

- The Center agrees to notify the parent/guardian whenever the child is ill. The parent agrees to have the child picked up as soon as possible if required.
- The parent authorizes the Center to obtain immediate medical care if any emergency occurs when he/she cannot be reached.
- The parent understands that payment of tuition occurs monthly and that the WELL Center utilizes the services of Smart Tuition for the collection of fees. Parent agrees to complete Smart Tuition agreement and select payment options as outlined.
- If payment is not received, the contract for services to the child may be terminated.
- The parent agrees that a fee of one (1) dollar per minute may be charged for picking up the child after closing time.
- Parents are requested to bring all questions and concerns to the teachers and Children's Ministry Coordinator so that they may be resolved.
- The teachers and Children's Ministry Coordinator are hereby given full discretion in matters of discipline. These include notes to the parents, conferences, redirection, positive reinforcement and/or time-out.
- The Center reserves the right to dismiss any student who does not cooperate with the educational process or one whose parent does not abide by this Agreement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Children's Ministry Coordinator

\_\_\_\_\_  
Date