**WEST SHORE CHILD CARE CENTER**
## SCHOOL AGE CHILD CARE PROGRAM

CHILD'S NAME_____ DOB: _____

ADDRESS_____ HOME PHONE _____

PARENT'S NAME(S) _____ WORK/CELL PHONE _____

GRADE LEVEL - UPCOMING SCHOOL YEAR_____EMAIL ADDRESS: _____

SCHOOL CHILD WILL BE ATTENDING_____

START DATE AT WSCCC _____

# FIRST GRADE THROUGH FIFTH GRADE

(minimum of three days per week)

**BEFORE SCHOOL CARE ONLY**
(please circle the days attending the program)
Monday Tuesday Wednesday Thursday Friday

**AFTER SCHOOL CARE ONLY**
(please circle the days attending the program)
Monday Tuesday Wednesday Thursday Friday

**BEFORE SCHOOL AND AFTER SCHOOL CARE**
(please circle the days attending the program)
Monday Tuesday Wednesday Thursday Friday

# KINDERICHMENT PROGRAM

(minimum of three days per week)
Care is provided around kindergarten attendance morning or afternoon.

**MORNING ATTENDANCE AT WSCCC ANY TIME BETWEEN [ ] 6:30 – 8:30**
**[ ] 8:30 – 12:00**
(please circle the days attending the program)
Monday Tuesday Wednesday Thursday Friday

**AFTERNOON ATTENDANCE AT WSCCC ANY TIME BETWEEN [ ] 12:00 NOON – 3:30 pm**
**[ ] 3:30 – 6:00 pm**
(please circle the days attending the program)
Monday Tuesday Wednesday Thursday Friday

# RETURN WITH THE $75 REGISTRATION FEE
## (FIRST TIME ENROLLEES TO THE PROGRAM ONLY)

not applicable to returning students