

WOU/TEACHING RESEARCH CHILD DEVELOPMENT CENTER

Providing Care and Education for Preschool Children ages 30 months - 10 Years.

INTENT TO ENROLL FORM

Please Print Clearly

Parent/Guardian Name: _____ Phone: _____

Email Address: _____

Address: _____ City: _____ Zip: _____

Child's Name: _____ D.O.B. _____

Child's Name: _____ D.O.B. _____

Enrollment Year: _____

Please check one: _____ WOU Student _____ WOU Faculty/Staff _____ Other

SERVICES ARE REQUESTED FOR: (check all that apply)

- Fall Term (September-December) Winter Term (January - March)
 Spring Term (March - June) Summer Term (June - August)

CHILD ENROLLMENT OPTIONS ESTIMATED PRICES ARE PER TERM

Options (Please indicate your service choice)	WOU FACULTY/STAFF FAMILY COMMUNITY FAMILY RATE Per Month	WOU STUDENT FAMILY RATE Per term
<input type="checkbox"/> Full day service, 5 days/week, 7:30 am - 5:30 pm	\$688	\$1,445
<input type="checkbox"/> Full day service, 4 days a week 7:30 am - 5:30 m*	\$606	\$1,271
<input type="checkbox"/> Full day service, 3 days a week 7:30 am - 5:30 pm*	\$454	\$954
<input type="checkbox"/> Full day service, 2 days a week, 7:30 am - 5:30 pm WOU FACULTY/STAFF ONLY	\$316	No Available
<input type="checkbox"/> Morning only, 5 days a week 7:30 am - 12:30 pm	\$379	\$795
<input type="checkbox"/> Afternoon only, 5 days a week, 11:30 - 5:30	\$454	\$954

* For 3 and 4 day week options please indicate the days your child will be attending:

- Monday Tuesday Wednesday Thursday Friday Don't know schedule yet

☺ You may bring this form to the Center's office in Todd Hall room 119 or you may mail it to:
Teaching Research Child Development Center, 345 N. Monmouth Avenue, Monmouth Oregon, 97361

For office use only:

Date Received: _____

Letter Sent: _____ Call: _____