

Westminster Child Care Center

450 Rugby Rd, Charlottesville VA 22903-2433

Telephone (434) 977-3322, Fax (434) 977-0914

Application for Child Care

We request the following information to meet licensing standards, determine fee, and to better understand your child.
\$100.00 application fee for families earning more than \$40,000/yr.

Date: _____ Name of Parent 1: _____

Email: _____ Name of Parent 2: _____

Address: _____

Home Phone: _____ Other Phone: _____

Full name of Child: _____ DOB: _____

Nickname: _____ Gender: _____

Enrollment Date requested _____

Parent 1 information:

Parent 2 information:

Employer/School _____

Employer/School _____

Position _____

Position _____

Address _____

Address _____

Hours _____

Hours _____

Days _____

Days _____

Yearly income Parent 1: _____ Yearly Income Parent 2: _____

Other Household Income

(ADC, Child Support,

Student loans/grants): _____

Total Annual Income: _____

Optional information: Race _____ Nationality _____ Other _____

Has the child had previous care? _____ Where? _____

How did you find out about WCCC? Yellow Pages _____ Charlottesville Family _____ Website _____

Word of Mouth _____ Other _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.