

Westminster Child Care Center

190 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.
\$20 application fee for families earning more than \$30,000/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 _____ Full Time _____ or Part Time: _____ which option? _____

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 _____ Albemarle Family _____ Website _____
Word of Mouth _____ Other _____

It is a goal of WCCC to maintain diversity in race, family income, national origin,
gender and cultural background among the children it serves. Our admissions policy reflects this goal.