



## WMG Registration Form

Child's Name: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

**Child's Medical Information:** Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ Member #: \_\_\_\_\_

*Please Check Desired Schedule (all schedule options are full days 7:00 a.m. to 6:30 p.m.)*

**Infants thru 2 years**

- 5 Full Days

**2-Year Old Toddlers**

- 5 Full Days  
 3 Full Days (Mondays, Wednesdays, Fridays only)  
 2 Full Days (Tuesday & Thursdays only)

**3-Year Old Preschool**

- 5 Full Days  
 3 Full Days (Mondays, Wednesdays, Fridays only)  
 2 Full Days (Tuesday & Thursdays only)

**4-Year Old Preschool**

- 5 Full Days  
 3 Full Days (Mondays, Wednesdays, Fridays only)  
 2 Full Days (Tuesday & Thursdays only)

**Return to WMG, 22530 Gateway Center Drive, Suite 900, Clarksburg, MD 20871 \* phone 240-686-0572**

***Office Use Only***

Confirmed Start Date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Assigned Classroom: \_\_\_\_\_