



School Age Programs Application Form

Please fill out one form per child. Additional forms are available at wonderschildcare.org. A \$35 non-refundable application fee must accompany each application. Mail or drop-off to Wonders at 4607 Willard Avenue, Chevy Chase MD, 20815.

Today's Date _____ Requested Starting Date _____

Child Information

Last Name _____ First Name _____

Nickname _____ Birth Date _____

Current School & Grade _____ Male Female

Wonders Alumni or Sibling Yes No Sibling Name _____

Parent/Guardian Information

Parent/Guardian One

Last Name _____ First Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone/Pager _____ E-mail _____

Parent/Guardian Two

Last Name _____ First Name _____

Street Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Cell Phone/Pager _____ E-mail _____

Check the program(s) and circle the days for which you wish to apply.

Bethesda	<input type="checkbox"/> Before School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
	<input type="checkbox"/> After School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
Chevy Chase	<input type="checkbox"/> Before School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
	<input type="checkbox"/> After School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
Horace Mann	<input type="checkbox"/> Before School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
	<input type="checkbox"/> After School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
JAS (Jewish Primary)	<input type="checkbox"/> After School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
North Chevy Chase	<input type="checkbox"/> Before School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
	<input type="checkbox"/> After School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
Rosemary Hills	<input type="checkbox"/> Before School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
	<input type="checkbox"/> After School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
Somerset	<input type="checkbox"/> Before School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN
	<input type="checkbox"/> After School	M	T	W	Th	F	<input type="checkbox"/> DROP-IN

Office Use Only

App. Fee \$ _____

Deposit \$ _____

Reg. Fee \$ _____

Total \$ _____

Check # _____

Date Rec'd _____

Start Date _____

Site _____

BEFORE SCHOOL

M T W Th F D

AFTER SCHOOL

M T W Th F D