

Oakhurst Child Development Center

508 2nd Ave. South Charleston, WV 25303

304.746.0999 Fax 304.746.9948

Application for Enrollment		
Date of Enrollment:	Date of Withdrawal:	
Child's Name:		
Date of Birth:	Present Age:	Sex: M F
Address:		Phone Number:
City:	State:	Zip:
Mother's Name:		
Address:		Phone Number:
City:	State:	Zip:
Father's Name:		
Address:		Phone Number:
City:	State:	Zip:
Attendance		
Please Indicate the Day(s) and Hour(s) Your Child Will Be Attending:		
<input type="checkbox"/> 5 Days Per Week		
<input type="checkbox"/> After Pre-K		
<input type="checkbox"/> After School		
<input type="checkbox"/> Late Start, Early Dismissal, Faculty Senate Days, Holidays, etc.		
<input type="checkbox"/> If other, Please Explain:		
School Transportation		
Does Your Child Need Transportation? Yes No		
If Yes, what School? Kenna Montrose Richmond Bridgeview		
What Time Does Your Child Need To Be Dropped Off at School?		
What Time Does Your Child Need To Be Picked Up From School?		
How Did You Hear About Us?		
Newspaper Phone Directory Friend Other:		
Names and Ages of Brothers and Sisters:		

