



Reserved for SSP Business Office	
Date Received _____	Online Received _____
Birth Certificate Rec'd _____	
\$175 Registration Received _____	
Payroll Deduction _____	
FOB Ordered _____	

2024-25 All Aboard Program Enrollment Information Form

Child's Name: _____ Birth Date: _____ Male / Female

Submitting All Aboard enrollment for:

- ____ School Year Plan (Breaks Optional: Separate enrollment needed) Plan A: (**Monday - Friday from 6:45 a.m. to 4:30 p.m.**)
- ____ School Year Plan (Breaks Optional: Separate enrollment needed) Plan B: **Monday - Friday from 6:45 a.m. to 5:30 p.m.**)
- ____ Readiness 3 Day Plan (**Tuesday, Wednesday, Thursday from 8 a.m. to 1:30 p.m.**)

Child attended the Early Learning Center in 2023-24: Yes No

The All Aboard classrooms are at the Virginia F. Wood Early Childhood Learning Center (ELC) located at 19500 Tomlinson Road, Suite A, Westfield, Indiana

My child is or will be 4 years old by August 1, 2024 and will attend kindergarten the 2025-26 school year? Yes / No

Copy of Birth Certificate is attached. Yes / No **OR** Birth Certificate On File from 2023-24 school year Yes / No

Based on our home address, the school my child would attend for 2025-26 school year is: _____

I live in the Westfield Washington School district? _____ Proof of Residency is attached with this form. Yes / No

SIBLINGS

I am submitting 2024-25 TOTS enrollment for a sibling? _____ Name: _____

Circle the sibling's classroom you anticipate for 2024-25: Infant Toddler Preschool

I have older child(ren) attending WWS _____ Name: _____ School attending _____

Name: _____ School attending: _____

PARENT CONTACT INFORMATION:

Mother's Name _____

Father's Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Primary Phone _____

Primary Phone _____

Cell: _____ Work: _____

Cell: _____ Work: _____

Email: _____

Email: _____

Do you currently have a FOB for ELC? _____

Do you currently have a FOB for ELC? _____

Which parent is financially responsible for the 2024-25 All Aboard program? Mother _____ or Father _____

HEALTH RECORDS: (This information would be taken to the emergency facility, if needed.)

Student's Physician: _____ Physician's Phone: _____

Local Hospital Preference: _____ Allergies: _____

Is your child taking any medications? Y/N If yes, Please list: _____

Special needs, special routines, modifications, or medications prescribed by a doctor or known health conditions? Yes / No

If yes, please outline cautions for our staff: _____

Student's Dentist: _____ Dentist's Phone: _____

EMPLOYER INFORMATION:

Father's Employer Name: _____ Phone: _____ Work Hours _____

Mother's Employer Name: _____ Phone: _____ Work Hours _____

WWS EMPLOYEES: (Please complete this section if either parent is a WWS employee)

Mother is employed by WWS _____ Building Location _____ Do you currently have a job? _____

Father is employed by WWS _____ Building Location _____ Do you currently have a job? _____

As a WWS employee, I would like to use payroll deduction to collect the 2024-25 All Aboard fees? Yes / No

If yes, how many pay periods between the dates of August 20, 2024 and June 5, 2025 would you like to use payroll deduction

(maximum pay periods is 20 pays)? _____

If you do not choose to do payroll deduction, you may pay with credit card or electronic check through your EzChildTrack account which has an auto-pay feature. You can also send a check to the business office.

Read and Initial Each Blank Below:

_____ All children and adults agree to adhere to the guidelines and to follow all school policies and procedures.

_____ My child is (or will be) 4 years old by August 1, 2024 and is toilet trained.

_____ I understand all classes will be held in the Virginia F. Wood Early Childhood Learning Center.

_____ In the event that I choose to withdraw my child from the All Aboard Program, I must provide a written notice 10 business days in advance to the Lead Facilitator and the SSP Business Office noting the designated final date of attendance. Failure to provide a 10 day written notice will result in an additional weekly fee due.

_____ I will remain current in all fees due.

_____ I have submitted the \$175 registration payment due per family (TOTS and All Aboard) along with this form.

_____ I understand if my child is placed in the All Aboard Program, the \$175 registration payment is non-refundable.

_____ I have submitted online enrollment between 1/8/24 and 2/5/24 through the EZ ChildTrack parent portal found on the school district website: www.wws.k12.in.us >Departments >Student Support Programs >EzChildTrack

_____ I understand enrollment will be pending, and I will be notified of enrollment status on or before February 16, 2024.

_____ I understand break care has a minimum and maximum enrollment number in order to be offered. Break location will be located in the Virginia F Wood Early Learning Center.

_____ I understand I will have a lunch account set up in my child's name so I may deposit money into it for lunches.

_____ I understand there will be no credit/refunds for days unused for circumstances beyond the program's control.

_____ I understand and will comply with all medical guidelines for the classroom.

REQUIRED signature of parent who will be financially responsible for All Aboard fees: _____

Please refer to the 2024-25 All Aboard Service Matrix and Rates for weekly installment prices.

www.wws.k12.in.us > Departments > Student Support Programs > All Aboard

IMPORTANT—Items you must complete before your child's 2024-25 All Aboard registration will be considered:

1. Complete online EZ ChildTrack enrollment between 1/8/24 and 2/5/24. Go to www.wws.k12.in.us > Departments > Student Support Programs > EZ ChildTrack link.
2. Return this completed form, Birth Certificate, proof of residency and the \$175 check payable to WWS for registration payment by 2/5/24 to the following address: Westfield Washington School-ELC, 19500 Tomlinson Road, Suite A Westfield, IN 46074 Attention: Donna Benedict