



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

2024-25 TOTS Enrollment Information Form

Virginia F Wood Early Learning Center

If you are still expecting the birth of your child, please indicate the **due date** below and use **today's date** when entering the birth date in the online EZ ChildTrack registration site.

CHILD INFORMATION Full Name: _____ Enrolled in 2023-24 TOTS? Yes / No

Birth Date: _____ (or) Due Date: _____ Gender: Male / Female / Unknown

Requested start date for 2024-25 TOTS: _____ (Infant must be 12 weeks old and child of WWS employee)

Select the Classroom and Plan below: (Use child's age as of August 1, 2024)

Classroom: Infants* WWS Employees Only Toddler* WWS Employees Only Preschool

Time: 6:45 AM to 4:30 PM 5 Day Plan (M-F) 3 Day Plan (T-W-Th) 2 Day Plan (M&F)

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DEVELOPMENTAL MILESTONES:

Below, please check most recent developmental milestones child has achieved:

____ 12 weeks to 12 months ____ Drinks with sippy cup ____ Requires 1 nap (on cot)
____ Walking ____ Toilet trained ____ Independently feeds self

Items listed below must be returned with this enrollment form

\$175 Family Registration Fee Birth Certificate Attached **OR** Birth Certificate on file

PARENT CONTACT INFORMATION:

Mother's Name _____

Father's Name _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Primary Phone _____

Primary Phone _____

Cell: _____ Work: _____

Cell: _____ Work: _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

Work Hours _____

Work Hours _____

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 TOTS 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? _____ If yes please list _____

Special needs, 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: _____

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

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

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

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

If yes, how many pay periods between August 20, 2024 and June 5, 2025 would you like to use payroll deduction (the maximum pay periods you can use is 20 pays)? _____

If you do not choose to use payroll deduction, you may pay by credit card or electronic check through your EZ ChildTrack account which has an auto-pay feature. **Do not select Auto-Pay** in EzChildTrack if you are using payroll deduction. You can also mail a personal check payable to Westfield Washington Schools. Mail your check to Westfield Washington Schools ELC, 19500 Tomlinson Road, Suite A, Westfield, IN 46074 Attn: Donna Benedict.

ADDITIONAL INFORMATION:

My child(ren) were enrolled in the 2023-24 TOTS: Yes, Full-time _____ Yes, Part-time _____ No _____

I am a family with an enrolled WWS student _____ Sibling's name and school location: _____

I anticipate an older sibling to be enrolled in the 2024-25 All Aboard program? Yes / No

IMPORTANT—Items you must complete before your child's 2025-25 registration will be considered:

1. Complete online EZ ChildTrack enrollment between January 8 and February 5, 2024. Go to www.wws.k12.in.us Departments > Student Support Programs > EZ ChildTrack link
2. Return this form, Birth Certificate (unless on file) and the \$175 registration payment no later than 2/5/2024. Return all items to Virginia F Wood Early Learning Center, 19500 Tomlinson Road, Suite A, Westfield, IN 46074 Attn: Donna Benedict

PLEASE INITIAL EACH BLANK

- _____ All children and adults agree to adhere to the guidelines and to follow all school policies and procedures.
- _____ I am submitting enrollment in Westfield Washington Schools TOTS Program as my full-time child care provider and that classroom placement depends on space available in the program.
- _____ In the event that I choose to withdraw my child(ren) from TOTS, I must provide a written notice 10 business days in advance to the TOTS Lead Facilitator and the SSP Business Office noting the final date of attendance. Failure to do this will result in additional weekly fee(s).
- _____ I understand that full week School Year plan enrollment will receive priority placement.
- _____ I understand once full time enrollment has been confirmed, and I wish to change enrollment to part-time, I may lose my placement spot to a full time enrollment.
- _____ I have submitted the \$175 annual registration payment due per family (TOTS or All Aboard) with this form. The check will not be cashed until enrollment is confirmed.
- _____ I understand that if my child is placed in the TOTS program, the \$175 registration payment is non-refundable.
- _____ I understand enrollment will be pending until notification of enrollment status on or before February 16, 2024.
- _____ I understand break care has a minimum/maximum number in order to be offered. **Break Care is open to Pre-School Only**. Break Care requires separate enrollment. Enrollment numbers are limited.
- _____ I understand I will have a lunch account set up in my child's name so I may deposit money into it for lunches.
- _____ If I wish to delay starting in TOTS, I will be charged 50% of the weekly fee to hold the spot. (Applies to children 12 weeks old and older.)
- _____ I understand that billing is posted weekly and is due each Friday. I will remain current in all fees due.
- _____ I understand and will comply with all medical guidelines for the classroom.
- _____ **I understand there will be no credit/refunds for days unused by choice or due to circumstances beyond the program's control.**
- _____ I understand that all classes will be held in the Virginia F Wood Early Learning Center (ELC).
- _____ I have submitted the online EzChildTrack enrollment (open 1/8/24 to 2/5/24).

REQUIRED signature of financially responsible parent or guardian: _____