

WILLIAMS COLLEGE CHILDREN'S CENTER

44 Whitman Street
Williamstown, MA 01267

APPLICATION FORM

Revised May, 2018

Child's First Name: _____ Child's Last Name: _____

Date of Birth: _____

Parent/Guardian Name(s): _____

Mailing Address: _____

Contact Phone Number(s): _____

Email: _____

Desired Start Date: _____

- Space holding fees may apply to families wishing to enroll after the start of our new school year in September

Care requested:

___ Full time (five days per week)

___ Three full days (please circle preference): M T W TH F

___ Two full days (please circle preference): M T W TH F

___ Half time morning (8:00 – 12:30, M-F for Pre-School only)

___ Half time afternoon (12:30 – 5:15, M-F for Pre-School only)

Other information/comments:

College employees and students have highest priority for enrollment-

Are you an employee or student of Williams College? YES NO

Are you a Williams College Alum? YES NO

Please submit a \$50.00 application fee (non-refundable) and return to the above address for each child.
Please make checks payable to Williams College.

Thank you and we hope to serve you and your family in the near future.