

# Children's Center Semester Schedule

WCC ID Number: \_\_\_\_\_ WCC email address: \_\_\_\_\_

Date: \_\_\_\_\_ Semester: \_\_\_\_\_

<b>Child's Name:</b> _____ <small>(Last Name) (First Name)</small>	<b>Room:</b> _____
<b>Birth Date:</b> _____ <small>(Month/Day/Year)</small>	Male <input type="checkbox"/> Female <input type="checkbox"/>
<b>Age:</b> _____	

<b>Parent's Name:</b> _____ <small>(Last Name) (First Name)</small>	<b>Total Credit Hours:</b> _____
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<b>HOME PHONE:</b> _____	<b>WORK PHONE:</b> _____	<b>CELL PHONE:</b> _____
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<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>
<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>
<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>
<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>
<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>	<b>Class:</b> <b># of Weeks:</b> <b>Location:</b> <b>Time:</b>

5:15	5:15	5:15	5:15	5:15
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