

OPEN ENROLLMENT APPLICATION



Western Nevada College
FALL 2007

office use only

Date Received by CDC:

Time Received by CDC:

On Current Waiting List?

yes / no

Student

Units

Faculty

Major

Public

check one

Desired Start Date:

CONTACT INFORMATION:

Child's Name:

Last Name, First Name

Date of Birth:

Parent's Name

Last Name, First Name

Phone- Home:

Cell:

Address:

Work:

Other:

SCHEDULE REQUESTED:

	REQUESTED IN-TIME	<small>*office use only*</small>				
		APPROVED-IN	Class + 15 min	Class Schedule	Class + 15 min	APPROVED-OUT
Monday	<input type="text"/>			-		
	<input type="text"/>			-		
Tuesday	<input type="text"/>			-		
	<input type="text"/>			-		
Wednesday	<input type="text"/>			-		
	<input type="text"/>			-		
Thursday	<input type="text"/>			-		
	<input type="text"/>			-		
Friday	<input type="text"/>			-		
	<input type="text"/>			-		

***P/T Rooms:** Students must enroll in and complete at least **3 credits** for Student Priority/Rates*

Rooms: Students must enroll in and complete at least **6 credits** for Student Priority/Rates*

*NOTE: Must
attach copy of
registration to get
discounted
student rate of
\$3/hr: Pre-K
\$4/hr: Inf/Todd

**REQUESTED
OUT-TIME**

*F/T