



All Day Care 2020

Falls Road Location: 18132 Falls Road – Hampstead, MD 21074

Mail to: 1239 Babe Drive - Hampstead, MD 21074

Child's Full Name _____ Birth Date ___/___/_____
 Parent's Name(s) _____ Sex: Male Female
 Home Address _____
 Home Phone _____ Email _____
 Work/Cell Phone _____ Registration Fee (once/year) \$75 _____
 Enrollment Preference: Please Mark Start Date: _____

_____ All day 2 to 5 year olds 3 days 7:00-6:00 (\$127.00/week)

_____ All day 2 to 5 year olds 4 days 7:00 – 6:00 (\$172.00/week)

_____ All day 2 to 5 year olds 5 days 7:00 – 6:00 (\$205.00/week)

Days attending _____ Arrival time _____ Pick-up time _____

Single Married Domestic Partners Separated Divorced

Child is in custody of: Both Parents Mother Father Other _____

Names/ages of siblings: _____

Parental Signature: _____ Date of Application __/__/____

TUITION IS DUE ON MONDAY OF EACH WEEK

ALL DAY CARE STUDENTS WILL ATTEND CLASSES EACH WEEK IN THEIR AGE GROUP

For Office Use Only	
Date Application Received __/__/____	Registration Fee _____
Received by _____	Logged _____