



**ALL DAY CARE - SHILOH ROAD 2020**

Location: 3459 Shiloh Road – Hampstead, Maryland 21074

Child's full name \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_  
Parent's Name(s) \_\_\_\_\_ Sex: Male Female  
Home Address(with city and state) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Work/Cell \_\_\_\_\_ Registration Fee (once/year) \$75 \_\_\_\_\_  
Enrollment Preference: please check and circle Start Date: \_\_\_\_\_

**Check one:**

**Circle one:**

- |   |              |
|---|--------------|
| _____ Infants (6 weeks – 2 years) full time | (\$295/week) |
| _____ Infants (6 weeks – 2 years) 4 days    | (\$240/week) |
| _____ Infants (6 weeks – 2 years) 3 days    | (\$203/week) |
| _____ Two Year Old – full time              | (\$235/week) |
| _____ Two Year Old – 4 days                 | (\$200/week) |
| _____ Two Year Old – 3 days                 | (\$168/week) |
| _____ Three Year Old – full time            | (\$224/week) |
| _____ Three Year Old – 4 days               | (\$185/week) |
| _____ Three Year Old – 3 days               | (\$162/week) |
| _____ PreK(4/5 year old) – full time        | (\$224/week) |
| _____ PreK(4/5 year old) – 4 days           | (\$185/week) |
| _____ PreK(4/5 year old) – 3 days           | (\$162/week) |

Parents: \_\_Single \_\_Married \_\_Domestic Partners \_\_Separated \_\_Divorced  
Child is in custody of: \_\_Both parents \_\_Mother \_\_Father \_\_Other \_\_\_\_\_  
Name(s)/ages of siblings: \_\_\_\_\_  
Parental signature: \_\_\_\_\_ Date of Application \_\_\_/\_\_\_/\_\_\_

- Part Time rate are a minimum of 3 days.
- Hours: Monday – Friday: 6:30 am – 6:00 pm
- Discounts: 10% off second child Full time \*lowest tuition – see director
- Payment is due FRIDAY PRIOR TO WEEK OF CARE
- Payment: check, money order, credit/debit card, Automatic payment plan
- Late payment: \$20/day. Care is suspended one week past due

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