



Before & After Care

2020 FALLS RD

Mail to: 1239 Babe Drive - Hampstead, MD 21074

Location: 18132 Falls Road - Hampstead, MD 21074

Child's Full Name _____ Birth Date __/__/_____

Parent's Name(s) _____

Full Home Address _____

Home Phone _____ Email _____

Work/Cell Phone _____ Registration Fee (once/year) \$40.00 _____

Enrollment Preference: (please check one)

- Before Care (7:00 to 8:30) (\$52.50/week)
- After Care (3:30 to 6:00) (\$92.50/week)
- Before and After Care (\$125.00/week)

The following services are offered to our already-registered families:

Full Day School Closure (Additional \$35/day)

1/2 Day School Closure (Additional \$19/day)

PARENTS

- Single Married Domestic Partners Separated Divorced
- Deceased Father Deceased Mother Other _____

Child is in custody of:

- Both Parents Mother Father Other _____

Names/ages of siblings: _____

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

- ◆ A non-refundable registration fee of \$40.00 is due each year
- ◆ Each week's tuition is due on the Monday prior to care.

For Office Use Only

Date Application Received __/__/_____ Registration Fee _____

Received by _____ Logged _____