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PRESCHOOL APPLICATION 2020

Mail to: 1239 Babe Drive - Hampstead, MD 21074

- Check Location: [radio] 18132 Falls Road - Hampstead, MD 21074
[radio] 3459 Shiloh Road - Hampstead, MD 21074

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

Parent's Name(s) _____ Sex: Male Female

Home Address _____

Home Phone _____ Email _____

Work/Cell Phone _____

Enrollment Preference: (please mark first and second choice)

- [] 2 and 3 year olds Tu/Th 9:00-11:00 (\$142.00/month)
[] 2 and 3 year olds Tu/Th 11:30-1:30 (\$142.00/month)
[] 3 and 4 year olds Mon/Wed/Fri 9:00-11:30 (\$176.00/month)
[] 3 and 4 year olds Mon/Wed/Fri 12:30-3:00 (\$176.00/month)
[] 4 and 5 year olds Mon-Fri 9:00-11:30 **FALLS ROAD (\$220.00/month)
[] 4 and 5 year olds Mon-Fri 12:30-3:00 (\$220.00/month)
[] All Day Care - See other form

- [radio] Single [radio] Married [radio] Domestic Partners [radio] Separated [radio] Divorced

Child is in custody of:

- [radio] Both Parents [radio] Mother [radio] Father [radio] Other _____

Names/ages of siblings: _____

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

♦ A non-refundable registration fee of \$60.00 is due at the time of application.

♦ Each month's tuition is due on the 1st of the month

** Shiloh Road location: PreK morning runs from 9:15 - 11:45 am

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