



ALL DAY CARE - SHILOH ROAD 2024

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) _____
Phone _____ Email _____
Work phone _____ Registration Fee (once/year) \$80 _____

Enrollment Preference: please check and circle Start Date: _____

Check one:

Circle one:

- | | |
|---|-----------------|
| _____ Infants (6 weeks – 2 years) full time | (\$370.00/week) |
| _____ Infants (6 weeks – 2 years) 4 days | (\$315.00/week) |
| _____ Infants (6 weeks – 2 years) 3 days | (\$265.00/week) |
| _____ Two Year Old – full time | (\$331.00/week) |
| _____ Two Year Old – 4 days | (\$284.00/week) |
| _____ Two Year Old – 3 days | (\$237.00/week) |
| _____ Three Year Old – full time | (\$316.00/week) |
| _____ Three Year Old – 4 days | (\$266.00/week) |
| _____ Three Year Old – 3 days | (\$229.00/week) |
| _____ PreK(4/5 year old) – full time | (\$316.00/week) |
| _____ PreK(4/5 year old) – 4 days | (\$266.00/week) |
| _____ PreK(4/5 year old) – 3 days | (\$229.00/week) |

Days attending: _____
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 ___/___/___

- Hours: Monday – Friday: 6:30 am – 6:00 pm
- Discounts: 10% off second child Full time *lowest tuition – see director
- Payment is due MONDAY of a week of care

For Office Use Only	
Date rcvd _____	BW _____ regis fee check _____ BW _____ cash _____
Welcome sent _____	alert billing _____ attendance base _____ data base _____