



SHILOH 2025

Mail to: 1239 Babe Drive - Hampstead, MD 21074
Location: 3459 Shiloh 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) \$50.00 _____

Enrollment Preference: (please check one)

- Before Care (6:30 to 8:30) (\$119.00/week)
After Care (4:00 to 6:00) (\$119.00/week)
Before and After Care (\$214.00/week)

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

- Full Day School Closure (\$67.00/day)
1/2 Day School Closure (\$9.00/additional hour in care added to BAC rate)

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 is due each year
Each week's tuition is due on the Monday prior to care.

For Office Use Only

Date rcvd _____ BW _____ regis fee chec _____ BW _____ cash _____

Welcome sent _____ alert billing _____ attendance _____ database _____