



PRESCHOOL APPLICATION 2025

Mail to: 1239 Babe Drive - Hampstead, MD 21074

Check Location: 18132 Falls Road - Hampstead, MD 21074
 3459 Shiloh Road - Hampstead, MD 21074
 700 Kriders Cemetery Road - Westminster, MD 21158

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)

- ___ Early Learners (2 before 1 Sep) T/Th 9:00-11:00 (\$212.00/month)
- ___ Early Learners (2 before 1 Sep) T/Th 11:30-1:30 (\$212.00/month)
- ___ Growing Learners (3 before 1 Sep) M/W/F 9:00-11:30 (\$268.00/month)
- ___ Growing Learners (3 before 1 Sep) M/W/F 12:30-3:00 (\$268.00/month)
- ___ Advancing Learners (4 before 1 Sep) M-F 9:00-11:30 ** (\$335.00/month)
- ___ Advancing Learners (4 before 1 Sep) M-F 12:30-3:00 (\$335.00/month)

Parents: Single Married Domestic Partners Separated Divorced

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 \$70.00 is due at the time of application.

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

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