

The Kinder Garden

Early Learning Center of Stevensville

“Where Children Blossom and Grow”

The Kinder Garden LLC

348 Romancoke Road, Stevensville, Md 21666

Tele# 410-604-0200 Fax: 410-604-0201

Enrollment Application

Childs Name: _____
Last First Middle

Child's Address: _____

Date of Birth: _____ Sex: _____ Start Date: _____

Days To Attend: (Please Circle Choices) Monday Tuesday Wednesday Thursday Friday

Arrival Time: _____ Departure Time: _____

Enrolling Parent / Guardian:

Last

First

Middle

Relationship To Child: _____ Driver's Lic. #: _____

Address: _____

E-Mail Address: _____

Employer: _____

Position: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Work Hours: _____

Marital Status: _____ If Divorced, Who Has Legal Custody? _____

May the non-custodial parent pick up the child?

The Kinder Garden must be provided with court issued papers that clearly describe the custody arrangements. Any person granted custody in such papers may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court paper state otherwise.

The child may be released to the people on this application and the following persons:

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Child's Physician: _____

Any Allergies or Special Needs: _____

Hospital Preference: _____

Emergency Contact (Other than Parents):

Name: _____ Phone: _____

Type of Health Insurance: _____

Ethnicity: _____ Race: _____

Child Potty Trained? Yes ____ No ____ What does child say to use the toilet?

Does your child need help with? Dressing _____ Eating _____ Potty _____ Hand Washing

Does your child have any special fear or problems? _____

Has your child been cared for by anyone other than the parents? Y / N

If yes, by whom? _____

Favorite Book: _____

Favorite Toy / Game: _____

Where did you hear about us? () Bay Times () Update () Mailer () Sign

() Referral-Name: _____ () Other: _____

The Kinder Garden will be open from 6:30am until 6:30pm for children ages 18 months through 8 years. The hours for children under 18 months of age is from 7:30 – 5:30.

- * I agree that I am enrolling for _____ days per week at a cost of _____.
- * I agree to pay a One-time Supply Fee at the time of enrollment. This fee is non-refundable.
- * I agree to pay in advance each month's tuition.
- * I am aware that I will be charged a fee for payments received after the 10th day of each month.
- * I am aware that I will be charged a late fee for late pickups.
- * I have received my Parent Handbook, containing additional policies and procedures.**
- * This center is an equal opportunity provider.

By submitting your check for payment, you are authorizing the payee, or its agent, upon receipt of your check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to your account, in accordance with the same terms and conditions as your check. In the event that your check is returned for non-payment, Tele Check will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The parent/guardian is responsible for the principal amount plus all collection fees.

Parent / Guardian (Name Printed): _____

Parent/ Guardian Signature: _____

The Kinder Garden Director's Initials: _____ Date: _____