The Kinder Garden

Early Learning Center of Easton "Where Children Blossom and Grow"

The Kinder Garden LLC

8701 Brooks Drive Easton, Md. 21601 Tele# 410-820-8440 Fax: 410-820-6775

Enrollment Application

Childs Name:		Tr:4		Middle	
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:	D	eparture Ti	me:		
Enrolling Parent /Guardian:					
L	ast		First		Middle
Relationship To Child:		_Driver's L	ic. #:		
Address:					
E-Mail Address:					
Employer:		Posi	tion:		
Home Phone:		_Work Pho	ne:		
Cell Phone:	Work Hours:				
Marital Status:	If Div	vorced, Who I	Has Legal Custoo	ly?	
May the non-custodial parent pick up th	e child				
The Kinder Garden must be provided with Any person granted custody in such pap	ers may pio	ed papers th	at clearly desc	times that	tody arrangement
and may designate other persons who ar					

state otherwise.

NamePhone:	
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 us	se the toilet?
Does your child need help with? DressingEatingPotty	Hand Washing
Does your child have any special fear or problems?	
Has your child been cared for by anyone other than the parents?	
If yes, by whom?	
Favorite Book:	
Favorite Toy / Game:	
We provide care for children at various academic levels.	
Does your child currently have an IEP / IFSP? Yes No	<u> </u>
If "Yes", Would you be willing to share that information with our staff?	Yes No
Where did you hear about us? ()Internet ()Star Democrat ()Tal	bot Guide () Attraction
()Radio ()Referral Name:	
() Other:	

	he Kinder Garden will be open from 7:00 am until 6:00 pm for children ages: urteen months (14 months) through eight (8) years old.
*	I agree that I am enrolling for days a week at a cost of
*	I agree to pay a Registration / Supply Fee at the time of enrollment to be renewed on my Child's Anniversary Date. 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 10 th day of each month.
*	I am aware that I will be charged a late fee for late pickups.
*	I agree to provide a 30 Day Written Notice upon the withdrawal of my child from The Kinder Garden Center.
*	I have received my Parent Handbook, containing additional policies and procedures.
*	This center is an equal opportunity provider.
of pa cc w	y submitting your check for payment, you are authorizing the payee, or its agent, upon receipt your check, to convert the check to an electronic payment item or draft and to submit it for syment as an ACH debit entry or draft to your account, in accordance with the same terms and onditions as your check. In the event that your check is returned for non-payment, Tele Check ill make up to two additional electronic collection attempts and, if needed, by paper draft ereafter. The parent/guardian is responsible for the principal amount plus all collection fees.
Pa	arent / Guardian (Name Printed):
Pa	arent/ Guardian Signature:
Tr	ho Window Condon Dimestral Little
	he Kinder Garden Director's Initials: Date: