## REGISTRATION FORM HOLY SPIRIT LUTHERAN CHURCH EARLY CHILDHOOD LEARNING CENTER

2205 Old Liberty Road----Eldersburg, MD 21784 410-795-2287------hslc.preschool@comcast.net

| DATE OF APPLICATION                     | SCHOOL YEAR 2018-2019   |                             |
|---|---|-----------------------------|
| CHILD'S FULL NAME                       |   |                             |
| NICKNAME (if preferred)                 | Male Female   |                             |
| DATE OF BIRTH                           |   |                             |
| ADDRESS                                 |   |                             |
| HOME PHONE NO                           |   |                             |
| MOTHER'S NAME                           |   |                             |
| MOTHER'S OCCUPATION                     |   |                             |
| MOTHER'S BUSINESS PHONE                 | Cell#   |                             |
| MOTHER'S EMAIL ADDRESS                  |   |                             |
| FATHER'S NAME                           |   |                             |
| FATHER'S OCCUPATION                     |   |                             |
| FATHER'S BUSINESS PHONE                 | Cell#   |                             |
| FATHER'S EMAIL ADDRESS                  |   |                             |
| MARITAL STATUS OF PARENTS               | RELIGIOUS AFFILIATION   |                             |
| LOCAL CHURCH                            |   |                             |
| includes name, (student & parent's), ad | n the school directory that will be distributed to<br>ldress, home phone number, email addresses an<br>nt's), email address and birthday will be includ | d cĥild's birthday.  If you |
| For Our Inform                          | mation Only (not to be included in any publications)  |                             |
| SIBLINGS                                | DOB   |                             |
| SIBLINGS                                | DOB   |                             |
| ami nica                                | 202   |                             |

(PLEASE DON'T FORGET THE BACK)

## PLEASE INDICATE YOUR $1^{\text{ST}}$ <u>AND</u> $2^{\text{ND}}$ CHOICE OF CLASS PREFERENCE

| <u>Program Options</u> :  |   |
|---|---|
| TWO YEAR OLD CLASS (Children must be 2 by September   | er 1)   |
| MONDAY & WEDNESDAY MORNINGS (9:00-11:30 AM)   | \$194.00  |
| TUESDAY & THURSDAY MORNINGS (9:00-11:30AM)  | \$194.00  |
| THREE YEAR OLD CLASS  |   |
| MONDAY & WEDNESDAY MORNING (9:00-11:30AM)   | \$185.00  |
| MONDAY & WEDNESDAY AFTERNOON (12:30-3:00 PM)  | \$185.00  |
| TUESDAY & THURSDAY MORNINGS (9:00–11:30 AM)   | \$185.00  |
| TUESDAY & THURSDAY AFTERNOON (12:30-3:00PM)   | \$185.00  |
| PRE-K CLASS (Filled first with 4 year olds then with older a MONDAY, WEDNESDAY & FRIDAY MORNINGS (9:00–11 MONDAY, WEDNESDAY & FRIDAY AFTERNOON (12:30–10 TUESDAY & THURSDAY (9:00-12:30) \$180.00 FULL DAY (9:00-3:00) \$440.00  PRE-K CLASS (5 Days) (Filled first with 5 year olds turning MONDAY, TUESDAY, WEDNESDAY, THURSDAY & FRIDE MONDAY, TUESDAY, WEDNESDAY, THURSDAY & FRIDE FULL DAY (9:00-3:00) \$600.00  Please check if your child has an IEP/IFSP. We would like for y support your child for the best possible outcome and experience.  Please indicate if your child will be provided services here at sch your child's needs for the best outcome and experience. | 30 AM) \$220.00<br>3:00PM) \$220.00<br>3 5 after September 1, 2015 then 4 year olds)<br>AY MORNINGS (9:00 - 11:30 AM) \$325.00<br>DAY AFTERNOON (12:30—3:00PM) \$325.00<br>ou to provide a copy so we can accommodate and |
| WOULD YOU LIKE TO BE CONSIDERED AS A PARENT REPREYESNO  | SENTATIVE FOR YOUR CHILD'S CLASS?   |
|   |   |
| CLASSES FILL IN THE ORDER IN WHICH REGISTR  | ATIONS ARE RECEIVED. A NON-   |
| REFUNDABLE FEE OF \$85.00 for the first child ar  | nd \$30.00 for each additional  |
| children and \$65.00 for Holy Spirit Lutheran C   |   |
| for additional children AND THIS COMPLETED FO   | ORM SHOULD BE SENT TO:  |
| HOLY SPIRIT LUTHERAN CHURCH   |   |
| EARLY CHILDHOOD LEARNING CENTER   |   |
| 2205 OLD LIBERTY ROAD   |   |
| ELDERSBURG, MD 21784  |   |
| , , , , , , , , , , , , , , , , , , ,   |   |
| EVERY EFFORT WILL BE MADE TO ACCOMMODATE YO   | OUR FIRST CHOICE, HOWEVER, WE   |
| CANNOT GUARANTEE THAT YOUR CHILD WILL BE EN   |   |
| EXECUTIVE BOARD RESERVES THE RIGHT TO COMBIN  | E CLASSES IF ENROLLMENT DOESN'T   |
| FULFILL THE MINIMUM REQUIREMENTS. FOR FURTHE  |   |
| CALL THE PRESCHOOL AT 410-795-2287.   | ar and ordinarion, a benieb a bell a tele a to  |
| 0.122 THE TRESCHOOL III 110 173-2201.   |   |
| HOW DID VOLLHEAD ADOLIT OLD CENTEDS   |   |
| HOW DID YOU HEAR ABOUT OUR CENTER?  |   |
| NAME OF DEFEDRAL A 11   |   |
| NAME OF REFERRAL Addres   | S   |