

Children's Center of Monrovia

Toddler Enrollment Contract

3903 Batholows Rd , Monrovia, MD 21770

(301) 414-0114

This contract expires once the child leaves the Toddler Program and moves into the Pre-School Program, which requires a new contractual agreement.

*****Please Print Clearly***

Child's Name: _____
(Last) (First) (Middle)

Birthdate: _____ Age: _____ Start Date: _____

Last 4-digits of SSN: _____ Does the child have allergies: ____ Yes ____ No (please list details on back)

Child resides with (check all that apply): _____ Both Parents _____ Mother _____ Father _____ Other

Parent(s) or Guardian(s) Contact Information:

Parent/Guardian: _____
(Last) (First) (Middle)

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-Mail Address: _____

Home Address: _____
(Street) (City) (State) (Zip)

Employer/Worksite/Hours: _____

Parent/Guardian: _____
(Last) (First) (Middle)

Home Phone: _____ Cell Phone _____

Work Phone: _____ E-Mail Address: _____

Home Address: _____
(Street) (City) (State) (Zip)

Employer/Worksite/Hours: _____

We always try to contact parents first. However, we are required to have an emergency contact other than parents. These individuals should also be authorized to pick up your child from the facility. Please list all the appropriate phone numbers:

Name _____ Relationship _____

Phone _____

Name _____ Relationship _____

Phone _____

DAILY SCHEDULE

Your child should be dropped off and picked up on the following days and time only. If there are any changes to the schedule below there will be an extra charge added to the tuition.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| From: | From: | From: | From: | From: |
| Am/Pm | Am/Pm | Am/Pm | Am/Pm | Am/Pm |
| To: | To: | To: | To: | To: |
| Am/Pm | Am/Pm | Am/Pm | Am/Pm | Am/Pm |

GENERAL INFORMATION

Others in household (name, age, relationship): _____

My child has the following special need (physical, mental, emotional): _____

Any other information you feel the center should have: _____

What types of allergies or other health problems does your child have: _____

**** Please notify us immediately of any changes to parent/guardian contact information.**

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only

Registration Fee (Non Refundable) \$ _____ Deposit (Refundable) \$ _____ Total \$ _____

Tuition Rate (Weekly):\$ _____ Check #: _____ Receipt # (If requested): _____ Date: _____

Emergency Cards _____ Care Plan _____ Immunization Form _____ Health Inventory _____

Licensing Form _____ School Directory Form _____ Lead Screening _____ Contract Signed _____