

**Melwood Child Development Center
Enrollment Application - Part II
K-6th Before & After Care**

Child's Name:

First _____ Middle _____ Last _____ Nickname _____

Sex: _____ **Birthday:** _____ **Grade Entering in the Fall:** _____

What School will your child be attending? _____

Prince George's County *School buses will pick-up and drop-off* your child from our center if he/she attends Melwood Elementary, Rosaryville Elementary, Mattaponi's TAG program, Longfields TAG program, John Hanson French Immersion School, Overlook Spanish Immersion, or James Madison Middle School.

Please circle times care will be needed

Before School

After School

Both

Will you also need *all-day* care when your child's school is closed for

Teacher's Professional Days

Spring Break

Christmas Break

Approximate time your child will arrive daily: _____

Approximate time of Departure: _____

Who will be picking up your child on a regular basis? MOTHER FATHER

Other persons over 18 who may pick up you child:

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

(Be sure you include these names on you child's Emergency Card, which must also be completed to enroll.)

Is there anyone who MAY NOT pick up your child? YES NO

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

Please attach copies of any pertinent court orders if there are restraining orders or custody issues which apply to this restriction. We can not support those orders without having them on file.

Are there any special circumstances in the family that may be a factor in you child's behavior, such as a recent death, new baby, recent move, hospitalization, separation or divorce, etc? If so, please explain:

In what ways would you like to see your child develop during his/her time in our program?

Do you have an IEP for your child? _____ **YES** _____ **No** _____ **In Process**

If Yes, are you willing to share that document with us? _____

Please add any additional comments that you feel will help us know and understand your child better.

What is your Religious/Church Affiliation? _____

Would you object to being on our mailing list for special events and activities?
(Concerts, children's events, seminars, etc?) **YES** **NO**

How did you learn about Melwood Nazarene?

_____ **We are a returning family** _____ **Referred by** _____
(Name of referring family or school)

_____ **Website** _____ **Facebook** _____ **Sign** _____ **Other** _____
(Specify)

FEES REQUIRED TO ENROLL:

New Students: A \$50 enrollment fee and a \$95 Security Fee must be submitted with this enrollment form. These fees are non-refundable.

TUITION:

Tuition is always due IN ADVANCE OF SERVICES.

*Weekly Rate \$95 (Payable each Friday for the upcoming week)

WE COUNT ON YOUR REFERRALS! A FINDER'S FEE CREDIT OF \$35 WILL BE APPLIED TO YOUR ACCOUNT AFTER A FAMILY WHOM YOU REFER HAS ENROLLED AND ATTENDED FOR TWO WEEKS.

I agree to pay the required enrollment fees, security deposits, tuition, and transportation fee (if applicable), as listed above. I understand that failure to make required payments will exclude my child from enrollment.

Parent Signature _____

Date _____