

# LITTLE FEET

Before & After Care

Mail to: 1239 Babe Drive - Hampstead, MD 21074  
 Located at: 18132 Falls Road – Hampstead, MD 21074

Child's Full Name \_\_\_\_\_ Birth Date \_\_/\_\_/----

Parent's Name(s) \_\_\_\_\_

Full Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Email \_\_\_\_\_

Work/Cell Phone \_\_\_\_\_

Enrollment Preference: (please check one)

- Before Care (7:00 to 8:30) (\$36.00/week)
- After Care (3:30 to 6:00) (\$70.00/week)
- Before and After Care (\$100.00/week)

- Single  Married  Domestic Partners  Separated  Divorced
- Deceased Father  Deceased Mother  Other \_\_\_\_\_

Child is in custody of:

- Both Parents  Mother  Father  Other \_\_\_\_\_

Names/ages of siblings: \_\_\_\_\_

Parental Signature: \_\_\_\_\_ Date of Application \_\_/\_\_/----

- ◆ A non-refundable registration fee of \$20.00 is due at the time of application.
- ◆ The first week's tuition is due one week before the first day
- ◆ Each week's tuition is due on the Monday prior to care.

For Office Use Only	
Date Application Received __/__/----	Registration Fee _____
Received by _____	Logged _____