

Provider Use Only

- ___ Contract signed/photocopied
- ___ Enrollment forms completed
- ___ Registration Fee/ First Week's Tuition
- ___ Security Deposit
- ___ Referral bonus



His Way Family Daycare
 601 Glynita Circle
 Reisterstown, MD 21136
 www.hiswaylearningcenter.com
 (410) 833-4029/ Fax: (410) 833-9096

FAMILY INFORMATION

Child's Full Name: _____ Birth date: _____

Parent/Guardian Name: _____

Parent's Address: _____

Parent's Phone #: _____ (H) _____ (W) _____ (M)

Email _____

Parent/Guardian Name: _____

Parent's Address: _____

Parent's Phone #: _____ (H) _____ (W) _____ (M)

Email _____

HOURS OF CARE

Before/After Care:

If school age, hours in the morning will be from _____ to _____, and in the afternoon from _____ to _____, for _____.
(Child)

An additional fee of **\$20.00** will be added if you wish to have your child stay all day when school is closed. There is also an additional fee of **\$10.00** for each time school closes early or starts late.

PAYMENT

A) Registration Fee

- 1) Before start of Daycare, a non-refundable registration fee of \$ _____ must be paid.

Registration fee and first week's tuition is required to reserve space
(nonrefundable)



