



The Ark Children's Center
 3425 Emory Church Road
 Olney, MD 20832
 301-774-5369

Reg. Date	_____
<u>Fees</u>	
Application Fee	_____
Materials Fee	_____
1 st Tuition	_____
Total Due	\$ _____
<u>Total Amount Paid</u>	
Ck # _____ Amt _____	

2009-2010 REGISTRATION FORM

Date of Application _____ Enrollment Year _____

Current Student/Sibling _____ OEUMC Member _____ Alumni _____ Community _____

Please indicate program registering for:

_____ 2 day	2 ½ year LAMB program	T-TH (9-12 Noon)	\$ 2200.00 yrly	Must be 2 by March 1, 2009
_____ 2-day	3 year old program	T-TH (9-12 Noon)	\$ 1900.00 yrly	Must be 3 by Sept. 1, 2009
_____ 2-day	3 ½ year old program	MW (9- 1 PM)	\$ 2500.00 yrly	Must be 3 by March 1, 2009
_____ 3 day	4 year old program	MWF (9-1 PM)	\$ 3100.00 yrly	Must be 4 by Sept. 1, 2009
_____ 5 day	4 year old program	Mon-Fri (9-1 PM)	\$ 4850.00 yrly	Must be 4 by Sept. 1, 2009

Child's Name: First _____ Middle _____ Last _____

Name by which your child is called _____

Date of Birth: _____ (Month/Day/Year) Gender of Child _____

Address: Street _____

City _____ State _____ Zip _____

Mother/Guardian _____

Father/Guardian _____

Address (if different) _____

Address (if different) _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Occupation _____

Occupation _____

PERSONAL INFORMATION

Child lives with: ()Both Parents ()Mother ()Father ()Adoptive ()Other _____

Custody Concerns: ()Yes ()No If yes, documentation required.

(COMPLETE REVERSE SIDE>>>>)

