

DULANEY DAY SCHOOL

P.O. BOX 27 RIDERWOOD, MARYLAND 21139 {410} 377-2702

REGISTRATION FORM

DATE RECEIVED: _____ SCHOOL YEAR: 2011-2012
CHILD'S NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____ ZIPCODE: _____

CHECK APPROPRIATE PROGRAM:

Nursery "2's" (Monday/Wednesday or Tuesday/Thursday) 9:30a.m.-12 noon _____ \$1692.00
(Underline desired days)
Nursery "3's" (Monday, Wednesday, Friday) 9:30a.m.-12 noon _____ \$2505.00
Nursery "3's" (Monday, Tuesday, Wednesday, Friday) 9:30a.m.-12 noon _____ \$3300.00
Nursery "4's" (Monday through Friday) 9:30a.m.-12 noon _____ * _____ \$4014..00
(Monday through Friday) 12:30p.m.-3:00p.m. _____ *

*Please indicate first choice (#1) and second choice (#2)

MOTHER'S NAME: _____ PHONE: _____
MOTHER'S OCCUPATION: _____ CELL PHONE: _____
FATHER'S NAME: _____ PHONE: _____
FATHER'S OCCUPATION: _____ WORK PHONE: _____

NAMES OF OTHER CHILDREN IN THE FAMILY:

_____ AGE:
_____ AGE:

FEES AND DEPOSITS: A deposit must accompany this Registration form. Deposit for the N2's is \$100.00; for the N3's and N4's is \$150.00. The entire deposit is applied to the 'first' trimester tuition. THERE ARE NO REFUNDS OF DEPOSIT OR TUITION. Make checks payable and send to:

DULANEY DAY SCHOOL
P O. BOX 27
RIDERWOOD, MARYLAND 21139

I hereby enroll my child for the 2011-2012 school year. Enclosed is my deposit of \$ _____. I understand that this fee will not be refunded if my child is withdrawn after acceptance.

Signature of Parent/Guardian: _____
Date: _____