



The Learning Cottage

2010-2011 Registration Form

For admission
beginning:

_____, 20____
(specify start date)

Mail completed form & payment to:

The Learning Cottage * c/o Ann Marie Irby * 6145 Waiting Spring * Columbia, MD 21045

All Registration Forms must be accompanied by a **non-refundable** application fee of \$50 per child.

CHILD'S INFORMATION

Child's Name: _____ Child's Nick Name: _____

Please Check One: Boy Girl Age: _____ Child's Date of Birth: _____

Previously attended school/center(s): _____

Does your child have any allergies or special medical conditions? No Yes If yes, please specify: _____

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

I understand my child must be **fully toilet trained** by the 1st day of school in order to complete enrollment at The Learning Cottage.

FAMILY'S INFORMATION

Father / Step-Father / Guardian (circle one)

Mother / Step-Mother / Guardian (circle one)

Full Name: _____

Full Name: _____

Address: _____

Address: _____

Email: _____

Email: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Occupation: _____

Occupation: _____

Parent's marital status: Married Single Separated Divorced Mother Deceased Father Deceased Other

If parents are divorced or separated, who has legal custody? _____ A copy of court documentation must be provided to the school.

Name(s) and Age(s) of other children in the family: _____

DESIRED SCHEDULE (Choose One Option)

Prices subject to change

_____ 2 days/week M, W **or** T, Th 9:30 – 1:30 \$ 280.00/month

_____ 4 days/week (M, T, W, Th) 9:30 – 1:30 \$ 560.00/month

FOR OFFICE USE ONLY:

Additional Notes: _____

Method of Payment: Cash _____ Check # _____ Date Received _____ Enrollment Packet Given _____