



Children's Learning Center, Inc.

5529 Adamstown Road, Adamstown, MD 21710
(301) 874-9072

Application for Enrollment

General Information - Parents:

Name of Parents(s): _____

Address of Parent(s): _____

Email of Parent(s): _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

General Information - Children:

Name of Children(s): _____

Ages of Children(s): _____

Birth date of Children(s): _____

Program Needed:

Enrollment Date (Start Date) Needed: _____

Type of Care Needed: Full time: _____

Infant/Toddler (6 weeks - 24 months): _____ 2s: _____ 3s: _____ 4s: _____ 4-5 (Pre-K): _____

Before Care Only: _____ After Care Only: _____ Before and After Care (both): _____

Other Information: (add anything that we should know or that you need from us)

Enrollment Fees: One Week's Deposit - Amount (enclosed): \$ _____
Registration Fee Of \$75.00 - Amount (enclosed): \$ _____