

Enrollment Application: 2020 Summer Session

06/15/2020 - 08/31/2020



350 Clubhouse Road
Hunt Valley, MD 21031
410-271-3739

CHILD INFORMATION

Bio					
Last Name:		First Name:		Middle Name:	
Preferred Name:					
Gender:	Date of Birth:	City of Birth:	State of Birth:	Social Security No.:	
Religion (optional):		Languages spoken:			
Members in household:					
Name:		Age:		Relationship:	
Health					
Pediatrician Name:		Pediatrician Address:			Pediatrician Phone:
Does your child have a medical condition? Yes No					
Please explain:					
Does your child have a psychiatric condition? Yes No					
Please explain:					
Does your child have any allergies? Yes No					
Please list:					
Does your child take any prescription medication? Yes No					
Please list:					
Does your child have any dietary restrictions? Yes No					
Please explain:					
Does your child sleep alone? Yes No			Pacifier for bed? Yes No		
Three words that describe your child's personality:		1.	2.	3.	
Please list the top three of your child's likes:		1.	2.	3.	
Please list the top three of your child's dislikes:		1.	2.	3.	
If you have any concerns regarding your child's development, please explain:					
Education					
Has your child previously been in an ECE/school environment? Yes No					
On a scale of 1-10, please rate your experience:					
Briefly explain:					
Has your child been observed by any of the following? Yes No					
(check all that apply): Infants & Toddlers ChildFind Other early intervention program:					

PHOTO RELEASE

Photo Release

I authorize, as well as release, my child's photos, to be used by Reggio & Co. for public and private purposes.

PRIMARY GUARDIAN INFORMATION - Child's primary residence.

Legal Guardian 1: *Guardian to be contacted first in case of an emergency.*

Last Name:	First Name:	MI:	Relationship to Child:	On Mail List: Yes No
Email Address:	Cell Phone:	Work Phone:	Other Phone:	
Occupation:	Employer:	Work Address:	Work Hours:	
Home Address:	Apt. #:	City:	State:	Zip Code:
Mailing Address (if different than above):		City:	State:	Zip Code:

Legal Guardian 2

Last Name:	First Name:	MI:	Relationship to Child:	On Mail List: Yes No
Email Address:	Cell Phone:	Work Phone:	Other Phone:	
Occupation:	Employer:	Work Address:	Work Hours:	
Home Address:	Apt. #:	City:	State:	Zip Code:
Mailing Address (if different than above):		City:	State:	Zip Code:

EMERGENCY CONTACTS

Contact 1

Last Name:	First Name:	MI:	Relationship to Child:	
Other Phone:	Cell Phone:	Work Phone:		
Employer:	Work Address:			
Home Address:	Apt. #:	City:	State:	Zip Code:
Is contact authorized to drop-off/pick-up child? If yes, please sign:				

Contact 2

Last Name:	First Name:	MI:	Relationship to Child:	
Other Phone:	Cell Phone:	Work Phone:		
Employer:	Work Address:			
Home Address:	Apt. #:	City:	State:	Zip Code:
Is contact authorized to drop-off/pick-up child? If yes, please sign:				

SCHEDULE/TUITION

A ONE-TIME \$50.00 APPLICATION FEE MUST BE SUBMITTED ALONG WITH THIS APPLICATION FORM, AND A PROGRAM SCHEDULE MUST BE IDENTIFIED BELOW, BEFORE YOUR CHILD CAN BE COMPLETELY ENROLLED IN THE 2020 SUMMER SESSION

PLEASE SELECT ALL THAT APPLY BEFORE TURNING IN APPLICATION (REQUIRED):

PREFERRED START DATE: _____

- | | |
|--|---|
| ☐ FULL TIME ENROLLMENT \$1200/MONTH | ☐ SIBLING DISCOUNT 10% |
| ☐ PART-TIME ENROLLMENT MWF \$750/MONTH | ☐ EMPLOYEE DISCOUNT SEE OFFICE |
| ☐ PART-TIME ENROLLMENT TTH \$550/MONTH | |
| ☐ PART-TIME ENROLLMENT M-F (AM) \$900/MONTH | |
| ☐ PART-TIME ENROLLMENT MWF (AM) \$650/MONTH | |
| ☐ PART-TIME ENROLLMENT TTH (AM) \$450/MONTH | |

NOTE: JUNE TUITION WILL BE PRORATED

Signature

Date

PLEASE SUBMIT APPLICATION, ALONG WITH ONE-TIME \$50.00 ENROLLMENT FEE, TO REGGIO & CO.:

**REGGIO & CO.
350 CLUBHOUSE ROAD
HUNT VALLEY, MD 21031**