

Enrollment Application: 2020-2021 Academic School Year

09/08/2020 - 06/11/2021



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 2020-2021 ACADEMIC SCHOOL YEAR

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

PREFERRED START DATE: _____

- | | |
|--|---|
| <input type="checkbox"/> FULL TIME ENROLLMENT \$1200/MONTH | <input type="checkbox"/> SIBLING DISCOUNT 10% |
| <input type="checkbox"/> PART-TIME ENROLLMENT MWF \$750/MONTH | <input type="checkbox"/> EMPLOYEE DISCOUNT SEE OFFICE |
| <input type="checkbox"/> PART-TIME ENROLLMENT TTH \$550/MONTH | <input type="checkbox"/> ANNUAL PAYMENT DISCOUNT 5% |
| <input type="checkbox"/> PART-TIME ENROLLMENT M-F (AM) \$900/MONTH | |
| <input type="checkbox"/> PART-TIME ENROLLMENT MWF (AM) \$650/MONTH | |
| <input type="checkbox"/> PART-TIME ENROLLMENT TTH (AM) \$450/MONTH | |

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**