



## Y Preschool Registration 2009-2010

Y Child Care at  
Owen Brown  
9270 Homespun Drive  
Columbia, Maryland 21045  
410-290-6505

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian #1	Parent/Guardian #2
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Cell Phone:	Cell Phone:
Employer:	Employer:
Work Phone:	Work Phone:
E-mail Address:	E-mail Address:

PAYMENT INFORMATION	
Registration Fee <i>(non-refundable, non-transferable)</i>	<b>\$50.00</b>
Tuition for first week <i>(prorated, if applicable)</i>	<b>One week tuition</b>
Tuition for last week <i>(non-refundable, applied to last week of care)</i>	<b>One week tuition</b>
<b>TOTAL DUE AT TIME OF ENROLLMENT</b>	<b>\$</b>

***Please circle desired enrollment option. Fees are shown WEEKLY.  
Service begins August 24, 2009. Rates are effective August 10.***

Class/Age	Part-time (Circle 3 Days)	Full-time
Infant/Toddler Class	N/A	\$270.00
Two Year Old Class	\$130.00 M T W Th F	\$210.00
Three Year Old Class	\$125.00 M T W Th F	\$200.00
Four Year Old Class	\$125.00 M T W Th F	\$200.00
Head Start	N/A	\$155.00

**Does your child require a lower child/staff ratio than the Maryland State Office of Child Care requires? Yes \_\_\_ No \_\_\_** *(If yes, this office will contact you prior to processing your registration)*

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Initials of person accepting registration: \_\_\_\_\_

Amount Owed for Registration: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Start Date: \_\_\_\_\_ Room Enrolled: \_\_\_\_\_