



Mount Providence Child Development Center

701 Gun Road, Baltimore, MD 21227 - 410-247-0449

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www.mountprovidencechilddevelopmentcenter.com

REGISTRATION FORM

Fall 2007-2008

Please Print

Child's Name _____

Age: _____ Date of Birth: _____

Enrollment Date: _____

Start Date: _____

Hours of Expected Attendance: _____

Child's Address: _____

Number & Street

Apt. #

City

State

Zip Code

Phone #: _____ Alternate #: _____

Area Code

Number

Area Code

Number

Mother's Name: _____

Mother's Address: _____

(if different from child)

Number & Street

Apt. #

City

State

Zip Code

Mother's Employment: _____

Work #: _____ Cell #: _____

Area Code

Number

Area Code

Number

E-mail: _____

Father's Name: _____

Father's Address: _____
(if different from child) Number & Street Apt. #

_____ _____ _____
City State Zip Code

Father's Employment: _____

Work #: _____ Cell #: _____
Area Code Number Area Code Number

E-mail: _____

List others who are authorized to pick up your child:

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Cell #: _____

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Cell #: _____

Fall Classes begin Tuesday, September 4, 2007

Registration Fees:

2 1/2, 3, 4 and Pre-Kindergarten - \$110.00
Kindergarten - \$130.00

Tuition:

\$160.00 Weekly
(paid regardless of attendance)