

Miss Maddie's Enrichment/After School Program
1125 Hilltop Lane and Spa Road
Annapolis, Maryland 21401
410-263-3924 Ext. 4
Madeleine Rubin Knoll, Director

For program Use:

Date Paid _____

Check # _____

\$ Amount _____

Enrollment Application for 2007-2008 School Year. \$35 for first child, \$25 for additional child. Payment must accompany this application.

Child's Name _____ Nickname _____

Date of Birth: _____ Male/Female _____

Allergies _____ Religion _____

Parent(s) Guardian(s)

Please print full name

Mailing Address _____

E-Mail Address _____

Father's Occupation _____

Mother's Occupation _____

Any Previous School or Program Attendance

Favorite Play Activities _____

Toilet Trained? _____

Child's Fears? _____

How Does Your Child React when Afraid or Frightened? _____

What Do You Do To Help or Reassure Him/Her? _____

Is Your Child Right or Left Handed? _____

What Does Your Child Find Joyful? _____

Is There Anything You Wish Your Child To Gain From Their Experience in My
Enrichment Program? _____

Miss Maddie's Enrichment/After School Program

() 5% discount**

5 day week program

11:30am to 3:30pm (90) hrs \$475.00 monthly
Quarterly flat rate ** \$1346.00
11:30am to 4:30pm (100) hrs \$525.00 monthly
Quarterly flat rate** ... \$1498.00
11:30am to 5:30pm (130) hrs ... \$685.00 monthly
Quarterly flat rate** ...\$1945.00

3 Day week program

11:30am to 3:30pm (36) hrs \$189.00 monthly
Quarterly flat rate ** \$550.00
11:30am to 4:30pm (48) hrs \$252.00 monthly
Quarterly flat rate** ... \$718.00
11:30am to 5:30pm (60) hrs ... \$315.00 monthly
Quarterly flat rate** ...\$898.00
Hourly other than program rate.....\$5.25
8am to 9am.....\$5.25

Please Indicate the Number of Hours you may need per week? _____

Parent or Guardian signature

Date _____

Accepted by _____
Director