

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