(ALL FORMS MUST BE COMPLETELY FILLED OUT IN ADVANCE BY PARENTS AND YOUR CHILD'S DOCTOR IN ORDER FOR YOUR CHILD TO START SCHOOL

Quality Time Learning Center School-Age Enrichment Program

905 Sligo Avenue Silver Spring, MD 20910 301-588-3350

| Requested date for Enrollment: | | | | | | |
|--------------------------------|--|--|--|--|--|--|
| | | | | | | |
| AGE | | | | | | |
| School Attending: | | | | | | |

REGISTRATION APPLICATION

| Child's Name: | | | | | ID# | |
|--|-------------|----------------|------------------|----------------|-----------------------------|--|
| Firs Home Address: | t | M.I. | La | ıst | | |
| Gender: Male: | Female: | _ Child's D.O. | B// | Age: | | |
| Requested Date for I | Enrollment: | | | | | |
| | | | | | none: | |
| Employed by: Work Address: | | C | Occupation: | | _Work Hours: | |
| Office Phone: ()_ | | _Cell Phone: (|) | E-mail: _ | | |
| Home Address:Employed by: | | C | Occupation: | Home Ph | e: none: _Work Hours: | |
| Office Phone: ()_ | | _Cell Phone: (|) | E-mail: _ | | |
| Are parents divorced With whom does the Languages spoken at Brother's/Sister's: | t home: | | | | of child? | |
| Dates of Birth: | | | . Day Yr. | | | |
| List any existing morequire: | | , | - | • | r child may | |
| (For those emergen taken to Holy Cross | _ | ng immediate a | attention, I und | lerstand and a | ngree that my child will l | |
| Mother's Signature | : | | | Date: _ | | |
| Father's Signature: | | | Date: | | | |