

KidsKare Early Learning Center

1822A Metzert Rd, Adelphi, MD 20783

Tel: (301) 434-5347

ENROLLMENT APPLICATION



Child's name: _____

Date of Birth: _____ Age: _____ Years _____ Months

Mother's Name: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Where Employed: _____

Work Phone: _____ Work Hours: _____

Father's Name: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

Where Employed: _____

Work Phone: _____ Work Hours: _____

Person responsible for payments: _____ SS#: _____ - _____ - _____

Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

IF PARENTS ARE DIVORCED, WHICH PARENT HAS CUSTODY? _____

Number of Days per week for enrollment: _____

Time Desired: A.M. _____ P.M. _____ Full Day _____

A security deposit of _____ must accompany this application.

Parent(s) signature: _____

For Day Care Use Only:

Date application received _____

Date child is eligible for entrance: _____

Date of entrance: _____

***Deposit refundable upon termination of childcare with no outstanding balances**