



920 Andover Road ♦ Linthicum, Maryland 21090 ♦ www.qualacare.net
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ENROLLMENT APPLICATION

Child's Name _____

Child's Birthday or Due Date _____

Address _____

Gender _____

Start Date _____

Enrollment (circle): Full-Time Part-Time (Mon Tues Wed Thurs Fri) Drop-In

MOTHER'S INFORMATION

Name _____

Address _____

Cell Phone _____

Home Phone _____

Email _____

Employer _____

Work Phone _____

FATHER'S INFORMATION

Name _____

Address _____

Cell Phone _____

Home Phone _____

Email _____

Employer _____

Work Phone _____

How did you find out about Quala Care?

Passing By, Internet site _____, Flyer posted at _____,

Advertisement in _____, Recommended by _____

A \$55.⁰⁰ non-refundable registration fee must accompany this application.

A non-refundable security deposit equal to two weeks of tuition is necessary to reserve a space for your child and is due within 30 days of being notified of an available space for your child. This deposit will be applied to your child's final balance after you provide two weeks notice of your intent to leave the Center.

Signature _____

Date _____