



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 \$100.<sup>00</sup> non-refundable registration fee must accompany this application.  
A non-refundable security deposit equal to one week 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 \_\_\_\_\_