

<u>Fees Due</u>	<u>Fees Received</u>	<u>Office Use Only</u>
Application Fee _____	Check # _____	Medical Concern _____
Materials Fee _____	Amount \$ _____	Custody Concern _____
1 st Tuition _____		Birth Certificate _____

The Ark Children's Center ~ 3425 Emory Church Road ~ Olney, MD 20832 ~ 301-774-5369



2012-2013 REGISTRATION FORM

Today's Date _____ Current Student/Sibling _____ OEUMC Member _____ Alumni _____ Community _____

Please carefully indicate program registering for:

_____ 2 year old CHICKS program	M,W	9-12 Noon	\$ 2370.00 yrly	Must be 2 by Sept. 1, 2012
_____ 2 year old LAMBS program	T,TH	9-12 Noon	\$ 2370.00 yrly	Must be 2 by Mar. 1, 2012
_____ 3 year old program	T,TH	9-12 Noon	\$ 2060.00 yrly	Must be 3 by Sept. 1, 2012
_____ 3 year old program	T,TH	9- 1 PM	\$ 2680.00 yrly	Must be 3 by Sept. 1, 2012
_____ 3 year old program	MWF	9-1 PM	\$ 3100.00 yrly	Must be 3 by Sept. 1, 2012
_____ 4 year old program	MWF	9-1 PM	\$ 3350.00 yrly	Must be 4 by Sept. 1, 2012
_____ 4 year old program	M-F	9-1 PM	\$ 5200.00 yrly	Must be 4 by Sept. 1, 2012

Child's Name: First _____ Middle _____ Last _____

Name by which your child is called _____

Date of Birth: _____ (Month/Day/Year) Gender of Child _____

Address: Street _____

City _____ State _____ Zip _____

E-mail Address: _____

*I wish to receive information, invitation and notifications from Oakdale Emory United Methodist ___ Yes ___ No

Mother/Guardian _____

Father/Guardian _____

Address (if different) _____

Address (if different) _____

Cell Phone _____

Cell Phone _____

Work Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Occupation _____

Occupation _____

PERSONAL INFORMATION

Child lives with: ()Both Parents ()Mother ()Father ()Adoptive ()Other _____

Custody Concerns: ()Yes ()No If yes, documentation required.

(COMPLETE REVERSE SIDE>>>>)

