

**UMD Children's Place
Application for Admission**

Child's Name: _____ **Age Group:** Infant _____ Toddler _____ Preschool _____

Enrollment Options ** Please note that enrollment options are for FULL DAYS only and priority is for full-time, full year enrollment.

Full time

- _____ Full Time (Monday through Friday full days; full year)
- _____ Full Time (Monday through Friday full days; partial year)
Care requested from _____ through _____
Date Date

Part-time

- _____ Monday, Wednesday, Friday (Full Days; full year)
- _____ Monday, Wednesday, Friday (Full Days; partial year)
Care requested from _____ through _____
Date Date
- _____ Tuesday and Thursday (Full Days; full year)
- _____ Tuesday and Thursday (Full Days; partial year)
Care requested from _____ through _____
Date Date

Rates (as of 7/01/12 and subject to change)

Infant Care:	Monday through Friday	\$210/week
6 wks – 16 months	Monday/Wednesday/Friday	\$139/week
	Tuesday/Thursday	\$101/week

Toddler Care:	Monday through Friday	\$190/week
(16 mo. – 33 mo.)	Monday/Wednesday/Friday	\$127/week
	Tuesday/Thursday	\$ 93/week

Pre-school Care:	Monday through Friday	\$185/week
(33 mo. – 1 st day K)	Monday/Wednesday/Friday	\$124/week
	Tuesday/Thursday	\$ 91/week

A 10% discount is given to families with multiple children enrolled.

I/We understand that tuition is billed in four week increments and a statement with due date will be issued. Families receiving childcare assistance are responsible for all charges not paid by the funding source. A late fee of \$25 will be applied to any account where payment is not received by the due date. Delinquent accounts will be turned over to a collection agency, and enrollment will be terminated. Accounts in collection will be assessed up to 50% of the balance to cover collection costs. We charge for all absences including illness or vacation. If a child is withdrawn from the program, written notification must be given to the director. Tuition is charged for four weeks following this written notification. Changes to an enrollment schedule will only be made if space is available.

Signed _____ Date _____

Notify us of ANY changes in your enrollment choice. When offered a placement, it is based on this information. If you do not accept the enrollment option offered, your child will go to the bottom of the waiting list. All changes must be submitted in writing.