

ENROLLMENT APPLICATION

PLEASE SELECT YOUR LOCATION PREFERENCE



Davenport Towson
1301 Cheverly Road
Towson, MD 21286
410-823-1267

Davenport Sparks
120 Sparks Valley Road
Sparks, MD 21152
410-823-1267

CHILD'S NAME:	BOY or GIRL (Circle)	DOB:
Parent/Guardian Name(s):		
Full Address:		
Email:	Phone #:	

SCHEDULING OPTIONS

The preschool portion of the morning runs from 8:45am - 12:30pm, which includes lunchtime. The children may arrive as early as 7:30 am. Our "Full Day" hours run from 7:30am - 5:30pm, with afternoon pick-up beginning at 3:00pm and ending at 5:30pm.

Please check off your desired schedule below. If you are flexible with your scheduling options, please indicate your 1st, 2nd, or 3rd preference. If you desire a "non-traditional" schedule, you are welcome to write a description on the back of this paper and we will do our best to find a match.

	Tu/Th (AM)	Tu/Th	MWF (AM)	MWF	5 AMS	5 FULL DAYS
TWOS					(N/A)	
THREES	(N/A)	(N/A)			(N/A)	
PREK	(N/A)	(N/A)	(N/A)	(N/A)		

BEFORE and AFTER CARE – (Optional)

Davenport DOES offer **Before and After Care** for families that need it for an additional fee. **IF you are interest** in additional care hours, please indicate your needs below. Checking the box below does NOT mean you are "locked" into extra care. (Cost = \$35 per month for each time slot. The income goes towards the salaries for the full-time faculty members that provide the additional care outside their regular hours. This prevents the potential need to hire part-time "before and after care" faculty so we can maintain the highest level of consistent care throughout the day.)

	DP TOWSON		DP SPARKS
BEFORE (7:15 - 7:30am)		BEFORE (7:00-7:30am)	
AFTER (5:30 – 5:45pm)		AFTER (5:30-6:00PM)	

Does your child currently have (or are you in the process of getting) an IEP, IFSP or any other type of services privately? YES or NO

If the answer is yes, would you be willing to share any reports and detailed information about your child so we can ensure to provide your child with the highest level of care? YES or NO

Please use the space provided below to describe any non-traditional scheduling requests, comments, questions, or any other pertinent information you would like us to know about your child or your family.

Multiple horizontal lines for writing.

How did you hear about Davenport Preschool? _____

Horizontal line for writing.

I wish to enroll my child at Davenport Preschool. I understand that the \$50 application fee is non-refundable, and that all applications are subject to review.

Signature: _____ Date: _____

For Office Use Only
DATE \$50 FEE Received: _____ CASH _____ OR Check Number: _____