Valley Baptist Preschool
Faith ⌀ Growth ⌀ Family

Extended Care Enrollment Application
2026 – 2027

1401 York Road * Lutherville, Maryland 21093 * 410-321-6266 * office@valleybaptistpreschool.org

Child's Name _____ Birth Date ____/____/____

Parent's Names _____

Please note all options for which you would like your child to participate. <u>Enrollment is subject to availability. Application does not guarantee placement in the extended care program.</u> If the first choice is unavailable, you will be contacted to approve your second choice, or if desired, be put on a wait list.

Please complete a separate form for each child, noting the options you have chosen. Please check your requested days in each column. This program requires a **two-day per week minimum commitment** for requested care.

Before Care 8am – 9am ($12.00/session)					**1hr After Care 2:30pm - 3:30pm ($12.00/session)**					**2.5hr After Care 2:30pm - 5:00pm ($30.00/session)**				
Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

This program is designed to assist parents who are requesting extended care for their children on a regular basis. Your child may only attend on their school days. We are not able to offer drop-in care. At any time, you may choose when to pick up your child or let us know they will miss a day. However, the $12.00 per hour charge will not be adjusted. Extended care will operate each school day, with the exception of planned closures as noted on the preschool calendar, or due to emergency/weather related late openings, early dismissals, and full closures. We are not able to provide refunds due to weather-related delays, early dismissals, or school closings.

Once my selected before and after care options are confirmed and my child is placed in the program, I understand that this placement is being held for my child for the length of the school year.

- *If any additional day(s) is desired it must be requested and confirmed before the beginning of a new month and will only be granted if there is space available.*
- ***<u>Any requested reduction to before and after care enrollment must be submitted in writing by October 15, 2026.</u>** After October 15, billing will not be modified, unless the waitlist is sufficient to fill the vacated spot(s).*

*I understand that the charge for this program is <u>$12.00 per hour</u> and I will see those extended care monthly charges on my tuition statements beginning with the **September 2026** invoice.*

I have read and understand all the above information. I agree to abide by the terms and conditions set forth therein.

_____ _____ _____

Print Name of Parent/Guardian **Signature of Parent/Guardian** **Date**

<u>Office Use Only</u>

Confirmed Enrollment Schedule

Start date_____ Number of Weeks Attending_____

<u>Before Care 8am – 9am</u>					**<u>1hr After Care 2:30pm - 3:30pm</u>**					**<u>2.5hr After Care 2:30pm - 5:00pm</u>**				
Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
___	___	___	___	___	___	___	___	___	___	___	___	___	___	___