



Valley Baptist Preschool
Faith • Growth • Family

Extended Care Enrollment 2022 – 2023

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

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

Emergency Contact Person _____ Phone number _____

**** This program is designed to assist parents who are requesting extended care for their children on a regular basis. It is staffed accordingly and will run efficiently all year, with the exception of preschool closings and/or delays. Your child may only attend on their school days. At any time you may choose when to pick up your child or let us know they will miss a day. However, the \$11 per hour charge will not be adjusted.**

Commitment and payment for the extended care program is for the entirety of the student's preschool year. Submitted enrollment applications will be confirmed based on availability and processed before care can begin. Thank you for partnering with us. We look forward to having fun with your children.

Please complete a separate form for each child, noting the options you have chosen. Please check your requested days in each column. Your child may only attend on their school days. Priority placement will be given to those families needing more than 1 day per week of care.

September 2022 to June 2023 Extended Care Options

Please note all options for which your child would participate:

<u>Before Care 8am – 9am</u> <u>(\$11/session)</u>					<u>1hr After Care 2:30pm - 3:30pm</u> <u>(\$11/session)</u>					<u>2.5hr After Care 2:30pm - 5:00pm</u> <u>(\$27.50/session)</u>				
Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri	Mon	Tues	Wed	Thurs	Fri
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Once my selected before and after care options are confirmed and my child is placed in the program, I understand that the participation and financial commitment to the program is for the entirety of my child's school year. I understand that the charge for this program is \$11 per hour and I will see those extended care monthly charges on my tuition statements. I understand that if my care is modified it must be done at the beginning of a new month and will only be granted if there is space available.

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