



Valley Baptist Preschool  
Faith • Growth • Family

# Extended Care Enrollment 2024 – 2025

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

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone number \_\_\_\_\_

**Please note all options for which you would like your child to participate. Enrollment is subject to availability. Application does not guarantee placement in the extended care program. 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. Priority placement will be given to those families needing more than 1 day per week of care.

<u>Before Care 8am – 9am</u> <u>(\$11.50/session)</u>					<u>1hr After Care 2:30pm - 3:30pm</u> <u>(\$11.50/session)</u>					<u>2.5hr After Care 2:30pm - 5:00pm</u> <u>(\$28.75/session)</u>				
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 \$11.50 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 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 \$11.50 per hour and I will see those extended care monthly charges on my tuition statements beginning in **September 2024**. I understand that if any additional day(s) is desired 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

Office Use Only: Start date \_\_\_\_\_ Hours per day \_\_\_\_\_ Days per week \_\_\_\_\_ Wks. Attending \_\_\_\_\_

Changes to schedule: New Days added \_\_\_\_\_ Weeks attending \_\_\_\_\_ Hours added per week \_\_\_\_\_