



7120 Oakland Mills Road, Columbia, Maryland 21046
Phone: 410-313-7275 (voice/relay)
Fax: 410-313-4658
www.howardcountymd.gov/rap

2017-2018

EARLY LEARNING CENTER REGISTRATION FORM

Programs
Age: 3 years

Location	Days	Times	Cost
Bushy Park ES	Mon/Wed/Fri	9:30 AM - 1:30 PM	\$256/month
Fulton ES	Tues/Thurs	9:30 AM - 1:30 PM	\$256/month
Triadelphia Ridge ES	Mon/Weds/Thurs	9 AM - 11:30 AM	\$242/month
Bushy Park ES	Mon/Wed/Fri	9:30 AM - 3 PM	\$528/month
Fulton ES	Mon/Wed/Fri	9:30 AM - 3 PM	\$528/month
Triadelphia Ridge ES	Mon/Tues/Wed/Thurs	Noon - 3 PM	\$336/month

Programs
Age: 3-4 years

Location	Days	Times	Cost
Bushy Park ES	Mon/Wed/Fri	9:30 AM - 1:30 PM	\$256/month
Fulton ES	Tues/Thurs	9:30 AM - 1:30 PM	\$256/month
Triadelphia Ridge ES	Mon/Weds/Thurs	9 AM - 11:30 AM	\$242/month

Amount Enclosed: \$ _____ (\$50.00 registration fee is non-refundable) plus \$ _____.

September tuition payment due no later than **July 17, 2017** if not making full payment now.

Paid By: Check (make payable to Director of Finance) Visa Master Card Discover American Express

Card Number: _____ **Exp. Date:** _____ **CVC Code:** _____

Cardholder Signature: _____ **Print Name:** _____

I agree to the refund policy for this program: Withdrawals from this program must be made in writing. Customers requesting a refund prior to two weeks before the start will be given a full refund. Refunds requested within two weeks of the program starting date will be charged at a minimum a 20% administrative fee. Additional fees may be assessed to recover costs (supplies, equipment, etc.) associated with the program or days your child has attended once the month begins.

Signature: _____ **Print Name:** _____ **Date:** _____

For office use only **Date Received:** _____ **Amount Received:** _____ **Initials:** _____