

# The Little Lighthouse

9055 Chevrolet Dr. Suite 10, Ellicott City, MD 21042

PH: 410-750-0660

Email: [thelittlelighthousedc@gmail.com](mailto:thelittlelighthousedc@gmail.com)

## Registration Application

The following form will provide us with some necessary information needed before we can register your child in our center. Please fill in all of the blanks except the ones labeled "For Center Use Only."

Name of child \_\_\_\_\_ Enrollment date requested \_\_\_\_\_

Date of birth \_\_\_\_\_ OR Estimated DOB \_\_\_\_\_

Address \_\_\_\_\_

Name of parents (Parent 1) \_\_\_\_\_  
or guardians

(Parent 2) \_\_\_\_\_

Telephone (Parent 1): \_\_\_\_\_ Telephone (Parent 2): \_\_\_\_\_

Email (Parent 1): \_\_\_\_\_

Email (Parent 2): \_\_\_\_\_

Parents employment (Parent 1) \_\_\_\_\_

(Parent 2) \_\_\_\_\_

Recommended by \_\_\_\_\_

Days of the week I wish to bring my child \_\_\_\_\_

I wish to bring my child at about \_\_\_\_\_ AM

I wish to pick up my child at about \_\_\_\_\_ PM

### **The fee schedule is as follows:**

#### **Preschool (ages 3 & 4):**

- Full time: \$1000/monthly or \$525/ biweekly
- Part time: 2 days - \$600/monthly or \$325/biweekly  
3 days - \$750/monthly or \$400/ biweekly  
4 days - \$900/monthly or \$475/ biweekly

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### Two years:

- Full time: \$1175/monthly or \$612/biweekly
- Part time: 2 days - \$700/monthly or \$375/biweekly  
3 days - \$875/monthly or \$462/biweekly  
4 days - \$1050/monthly or \$550/biweekly

**Activity fee for ages 2 -4 yrs:** \$150/year. Due annually upon anniversary date of admission or upon birthdays.

### Infant (2 mo. - 2 years):

- Full time: \$1350/monthly or \$700/biweekly
- Part time: 2 days - \$750/monthly or \$400/biweekly  
3 days - \$975/monthly or \$512/biweekly  
4 days - \$1200/monthly or \$625/biweekly

### All ages

- Nonrefundable registration fee of \$60 must accompany this application. \*The registration application/fee does not guarantee approval for your requested start date. It places you next on our waitlist.
- Approval is based on being contacted by a LLH representative and being offered a specific start date. Any information given about availability prior to approval is only a projected possibility and not a guarantee.
- Upon acceptance into our program, a deposit of ½ the fees for the first month of care is due. The remaining ½ of first month fees are due one month before care begins. If start date is less than one month, full fees for first month are due upon acceptance. The deposit will be applied to your first month (4 weeks) of care. Depending on the start date, your second month may be prorated. You may withdraw from our program provided you give at least one month written notice at which time a full refund will be returned less the registration fee which is non-refundable.

Signed \_\_\_\_\_  
(Parent's signature)

Date \_\_\_\_\_

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**For Center Use Only** (Please do not write below line)

Approved yes / no \_\_\_\_\_  
(Director's signature)

Date \_\_\_\_\_

Interview scheduled: yes / no      Date \_\_\_\_\_

Notes: