## Camp Olympia Country Day School Admissions Application

5511 Muncaster Mill Road, Rockville, MD 20855

| Child's Full Name  | Age   | DOB                                     | Sex                   |
|--|---|---|-----------------------|
| Mother's Name  | Father's Name   | =                                       |                       |
| Child's Home Address   |   |   | <del></del>           |
|  | Zip Code  |   |                       |
| Mother's Home Phone  | Work Phone<br>Work Phone  |   |                       |
| Emergency Contact (other than parents) a   |   |   |                       |
| Doctor's Name and Phone  |   |   |                       |
| In order for us to get to know your child information is confidential and will only be | better, please assist us by com<br>shared with the staff members wi | pleting the follow<br>no will work with | wing questionnaire. A |
| Has your child ever been to day care or pr   | reschool before?W   | here?                                   |                       |
| If yes, please describe experiences (positi  | ive and negative):  |   |                       |
| If no, is your child apprehensive about atte   | ending school?  |   |                       |
| Does your child make friends easily?   |   |   |                       |
| Please describe your child's personality.  |   |   |                       |
| Does your child generally follow directions  | and instructions?   |   |                       |
| Does your child have any physical, menta   | ıl, or emotional needs that we sho                                  | ould be aware of                        | or that may interfer  |

Does your child have any physical, mental, or emotional needs that we should be aware of or that may interfere with his/ her participation in any school activities? If so, please describe briefly.

Thank you for your honesty. It helps us to better work with your child.

## **Payment Policy**

A \$25. non refundable registration fee is required for all children In addition, a two week deposit which will be applied to your last two week's tuition must accompany your application.. The deposit is 50% refundable, if application is cancelled within 30 days of receipt. If cancellation occurs after 30 days of application, the deposit is not refundable.

Tuition is payable each Monday in advance .Full tuition is the responsibility of the parent regardless of absences due to illness, disability, snow closings, or vacations. Parent must give 30 days written notice of withdrawal of a child from the school.

Center hours of operation are 7:00am -6:00pm. Parents picking up children after 6:00 will be responsible for a late fee of \$1.00 per minute payable at time of late pick up. This fee goes directly to the teacher having to stay late.

I/We have read the provisions for admission to Camp Olympia Country Day School and fully understand the contents.

| Mother or guardian signature | Father or guardian signature |
|------------------------------|------------------------------|
| Date                         | Date                         |