



ACADEMY CHILD DEVELOPMENT CENTER, INC

at Galway Elementary School
12612 Galway Drive, Silver Spring, MD 20904
(301) 586-0080

Email- Galway@academychild.com www.academychild.com

6:30 a.m.-6:30 p.m.

APPLICATION 2011-2012

K.A.V.E. Club School-age programs (Kindergarten-Fifth Grades)

STUDENT _____ D.O.B. _____ M OR F _____
Sibling Enrolled? _____ Requested Start Date: _____ GRADE: _____
STREET _____ HOME PHONE _____
CITY/ZIP _____ E-MAIL _____
MOTHER/GUARDIAN _____ CELL _____
EMPLOYER _____ WORK PHONE _____
FATHER/GUARDIAN _____ CELL _____
EMPLOYER _____ WORK PHONE _____

Schedule Requested— Hours: _____ (Refer to tuition sheet for available times) Priority given to full time students

_____ Before and After School (Extended) - Indicate which days – M-F ___ MWF ___ TTh ___
_____ Before and After School Only - Indicate which days – M-F ___ MWF ___ TTh ___
_____ Before School Only - Indicate which days – M-F ___ MWF ___ TTh ___
_____ After School Only - Indicate which days – M-F ___ MWF ___ TTh ___
_____ Drop-In Only –

A non-refundable, application fee of \$25, a \$75 enrollment fee (per family) and a \$50 activity fee per application are required to secure application. After acceptance, the security deposit is due. See Tuition Schedule. Your child must attend the new program at least one (1) month and give director a one (1) month written notice of withdrawal to be eligible for a security deposit refund.

**SPECIAL NEEDS - Please explain any request for special accommodations on the back of this form. If your child has been professionally evaluated, attach a copy of the IFSP, IEP or other evaluation. Financial Assistance- available to qualified applicants.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ALL REMAINING FORMS MUST BE COMPLETED & ON FILE ONE MONTH PRIOR TO ENTRY. A CONFIRMATION LETTER WILL BE SENT. QUESTIONS? CONTACT YOUR CENTER DIRECTOR. ACADEMY HAS A NON-DISCRIMINATORY ADMISSIONS POLICY. ADMISSION IS ON A TRIAL BASIS.

Office use - Interview Date/Staff Initial: _____ Application fee: _____ Enrollment fee: _____ Activity fee: _____ Monthly Tuition: _____ Program: _____
Financial Assistance Application: _____ Copy to office/Staff Initial: _____ Date: _____ CK#: _____ Date: _____ CK#: _____ Date: _____ CK#: _____ Prorated First Month? _____ Start Date: _____



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Parent Interview Questionnaire for *NEW* Applicants

Child's Name _____ D.O.B. _____

How did you find out about Academy? _____

What is your reason for enrolling your child in a program? _____

What are you looking for in a school? _____

Why do you think Academy is a good match for your child? _____

In which particular areas would you like to see growth in your child? _____

Please describe any special talents, hobbies or interests your child has: _____

Does your child have any physical, social, emotional or intellectual developmental needs? _____

Is your child toilet trained? _____

Is there additional information you would like us to know about your child? _____

****If you or your child requires any special accommodation(s) in a group setting, explain here.**

How will you share important information with us? _____

Academy encourages center/family partnerships. What will you do to enhance this relationship? _____

Do you have any special talents or skills that you would share? _____

List two schools/references that we may contact such as teachers or licensed care providers who have worked professionally with you and your child (Do not list family members)

NAME RELATIONSHIP PHONE

1. _____

2. _____

Signature: _____ Date: _____