

**REGISTRATION APPLICATION**

Phone / Fax  
410-305-0005



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Odenton, MD 21113

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\_\_\_\_\_  
DATE OF ENTRANCE

\_\_\_\_\_  
GRADE PLACEMENT

\_\_\_\_\_  
ROOM NUMBER

I hereby make application for my \_\_\_\_\_ whose full name is \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Nickname \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

Address of Child's Residence \_\_\_\_\_ Home Phone \_\_\_\_\_  
(NO. & STREET)

(CITY)

(STATE)

(ZIP)

Father's or guardian's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Firm \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

(NO. & STREET)

(CITY)

(STATE)

(ZIP)

Father's or guardian's Name \_\_\_\_\_ Soc. Sec. # \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Name of Firm \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Address \_\_\_\_\_

(NO. & STREET)

(CITY)

(STATE)

(ZIP)

How were you referred to us? \_\_\_\_\_

Health and physical condition of child are \_\_\_\_\_ Does the child have any physical / mental limitations? \_\_\_\_\_

\_\_\_\_\_ If yes, please explain \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ His Phone No. \_\_\_\_\_

In the event of sickness or accident and the parent, guardian, or your physician cannot be reached, may we use our doctor? \_\_\_\_\_  
and / or nearest Hospital?

Local next of kin or person for emergency. (Name) \_\_\_\_\_

Relation to child \_\_\_\_\_ Phone No. \_\_\_\_\_

Address \_\_\_\_\_

Names and Ages of Brothers & Sisters \_\_\_\_\_

**CONTRACT**

Agreement between the above Parent(s) or Guardian and MK Corporation, a Maryland corporation I The New Edge Learning Center be as follows:

Pupil will be dropped off at \_\_\_\_\_ and called for at \_\_\_\_\_.

A \$1.00/minute late pickup charge will be in effect after the scheduled pick-up time.

Any other person(s) authorized to pick up pupil shall be listed on The New Edge Learning Center Emergency Card. The New Edge Learning Center will be notified by telephone on any day someone other than authorized person(s) are given permission to pick up the child. All pick up person(s) must be age sixteen (16) or older and must have a valid picture ID.

Pupil is enrolled from September 1, \_\_\_\_\_ to August 31, \_\_\_\_\_. If a vacancy exists, enrollment after September 1, \_\_\_\_\_ may be permitted with necessary re-enrollment fees and a new contract.

**No deduction** of tuition for any period of absence or closings (sickness, vacation, holidays, weather conditions or unforeseen epidemic) before August 31, \_\_\_\_\_ be permitted.

**Child with any signs of illness must be picked up within an hour. Child must stay at home for at least 24 hours without medication under observation before return to school. Doctor's note will be required at return.**

**Withdrawal from program prior to August 31, \_\_\_\_\_ be presented in writing 30 days prior to requested last day.**

All payments of tuition, by check or money order must be payable to "MK Corp.". **CASH & CREDIT CARD ACCEPTED. All fees are non-refundable.** Payments are due in advance on the first day of the week / month unless there is a written agreement which establishes an (other) date(s) as the due date(s). If any weekly payments have not been received two (2) days after it is due, a late charge of \_\_\_\_\_/week/child shall be assessed.

If payment has not been received after five (5) days following the end of the month the child is subject to immediate suspension from the program. The child may re-enrolled in the program after full payment including late charges is received if there is a space remaining. The New Edge Learning Center may require the withdrawal of any pupil whose presence is regarded to be undesirable or who does not comply with school requirements. The New Edge Learning Center shall not be required to substantiate the case for dismissal should it occur.

I hereby apply for a place in The New Edge Learning Center for

\_\_\_\_\_  
(NAME OF CHILD)

----- **FOR OFFICE USE ONLY** -----

I enclosed my registration fee of \_\_\_\_\_ (new) or \$25.00 (yearly renewal) which is non-refundable after enrollment by The New Edge Learning Center.

Tuition shall begin on \_\_\_\_\_ with the first weeks tuition being \$ \_\_\_\_\_ Thereafter tuition shall be\$ \_\_\_\_\_ per month

or \$ \_\_\_\_\_ on the \_\_\_\_\_ and \_\_\_\_\_ of each month to the end of the school year, August 31,

The tuition for grade school children shall increase to the full-time summer rate from mid-June to August 31.

All Enrolled Children, Additional one-time charge per year in the amount of \_\_\_\_\_ will be needed for summer camp which covers the field trip and other activities. This payment is due 60 days before summer camp starts.

**Return Check Policy:** A fee of \$50.00 for all returned checks.

The above conditions are the entire agreement between parties. No modifications to them shall be effective unless in writing and signed by the parties.

I have carefully read the foregoing, and in consideration of the reservation of a place for the above child. I agree to comply with the terms herein expressed and to be bound by the regulations and the conditions above.

Father (or Guardian) \_\_\_\_\_  
(SIGNED)

Mother (or Guardian) \_\_\_\_\_  
(SIGNED)

Date \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
The New Edge Learning Center

\_\_\_\_\_  
Date