

# DULANEY DAY PRESCHOOL

P.O. BOX 27 RIDERWOOD, MARYLAND 21139 (410) 377-2702

[mrs@dulaneydayschool.com](mailto:mrs@dulaneydayschool.com)

## REGISTRATION FORM

SCHOOL YEAR: 2025-2026

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### CHECK APPROPRIATE PROGRAM:

**2s Tuesday/Thursday** OR **Monday/Wednesday** 9:00a.m. – 11:45a.m. \_\_\_\_\_ \$2500.00  
*(Circle desired days)*

**3s** Monday, Wednesday, Friday 9:00a.m.-12 noon \_\_\_\_\_ \$3500.00

**3s** Monday, Tuesday, Wednesday, Friday 9:00a.m.-12 noon \_\_\_\_\_ \$4500.00

**4s** Monday-Friday 9:00a.m.-12 noon \_\_\_\_\_ \$5500.00

PARENT/GUARDIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

E-MAIL \_\_\_\_\_

### NAMES OF OTHER CHILDREN IN THE FAMILY:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

FEES AND DEPOSITS: A deposit must accompany this Registration form. Deposit for the 2s, 3s and 4s is \$330.00. \$300.00 is applied to the first trimester tuition. There are no refunds for deposits and tuition.

- Accepting Zelle Payment: [eringiordani@hotmail.com](mailto:eringiordani@hotmail.com)
- make check payable to Dulaney Day Preschool and send with the form to school with your child or mail it to:

Send to:

DULANEY DAY PRESCHOOL  
P.O. BOX 27  
RIDERWOOD, MARYLAND 21139

I hereby enroll my child for the 2025-2026 school year. Enclosed is my deposit of \$\_\_\_\_\_.  
I understand that this fee will not be refunded if my child is withdrawn after acceptance.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_