

DULANEY DAY PRESCHOOL

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

mrs@dulaneydayschool.com

REGISTRATION FORM

SCHOOL YEAR: 2026-2027

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
- 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 2026-2027 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I understand that this fee will not be refunded if my child is withdrawn after acceptance.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: _____