

\$100.00 Registration Paid _____
(to be submitted w/ Registration Form)
Receipt sent _____

\$500.00 Deposit Paid _____
(due no later than June 1st)
Receipt sent _____



NOTRE DAME
OF MARYLAND
UNIVERSITY

A Child's Place
4701 N. Charles Street Baltimore, MD 21210
410-532-5399

REGISTRATION FORM

Date _____ Enrollment Date Requested _____

Child's Name _____ Male Female

Child's Date of Birth _____ Place of Birth _____

Current School / Program _____

Does your child have an existing Individualized Family Service Plan (IFSP) _____ ?
OR an Individualized Education Plan (IEP) _____ ?

(If so, please share those documents with A Child's Place so that we may accommodate your child's needs.)

Language(s) Spoken in the Home _____

Allergies and/or Chronic Health Conditions _____

Home Address _____

Home Phone _____

Home E-mail _____

1 - Parent's Name _____

Parent's Daytime Phone _____

Parent's E-mail _____

2 - Parent's Name _____

Parent's Daytime Phone _____

Parent's E-mail _____

How did you hear about A Child's Place? _____