

Children's Learning Tree

13 North Maple Ave Suite 106
LaPlata, MD 20646
301-934-1477

SCHOOL AGE STUDENT APPLICATION FORM

Start Date _____
Registration Fee \$125.00 per family

Student's Name _____ Prefers to be called _____

DOB _____ Boy _____ Girl _____ Home Phone _____

I was referred to CLT by _____

Mother or Guardian	Home Phone _____	Cell _____
Address _____	Father or Guardian _____ Home Phone _____ Cell _____	
Occupation _____	Address _____	
E-mail Address _____	Occupation _____	Employer _____ Phone _____
	E-mail Address _____	

OFFICE USE ONLY			
REGISTRATION FEE PAID <small>(non-refundable)</small>	DATE _____	CHECK # _____	AMT _____
SECURITY DEPOSIT FEE PAID	DATE _____	CHECK # _____	AMT _____
FIRST WEEK TUITION	DATE _____	CHECK # _____	AMT _____
KEY FOB FEE	DATE _____	CHECK # _____	AMT _____
GROUP:	F/T P/T	School (circle one) Mitchell Matula Craik	DAYS/HOURS