

Child's Name: \_\_\_\_\_  
 D.O.B. (MM/DD/YYYY): \_\_\_\_\_  
 Start Year: *September* \_\_\_\_\_  
 Sibling(s) on Wait List:  YES  NO



Date Received: \_\_\_\_\_  
 Received By: \_\_\_\_\_  
 Check #: \_\_\_\_\_

## BEFORE/AFTER-CARE ENROLLMENT DEPOSIT CONTRACT

[Please use one Deposit Contract form per child.]

I would like to enroll my child, (child's full name) \_\_\_\_\_ in Hunter Mill Country Day School's (HMCDS) Before/After School Program (Ages 5 to 12). My child's date of birth is: \_\_\_\_\_.

I understand that HMCDS operates on the same schedule as Fairfax County Public Schools and thus each new school year begins in September and runs through June. Summer Session enrollment is handled separately.

I understand HMCDS starts their enrollment process in March and it runs through late May for each upcoming school year. This is when most new openings occur. Priority placement may be given to siblings of current preschoolers who are offered placement.

I understand HMCDS has a bus stop for Oakton Elementary School with both pickup and drop off. HMCDS sometimes has a bus stop for Sunrise Valley Elementary as well if we have a student in the GT program. I further understand that HMCDS itself does not offer pick up and/or drop off of children to or from their schools.

I have indicated below the schedule I want. "BS" indicates Before School care (6:30am to 8:30am); "AS" indicates After School care (4pm to 6:30pm); and, BS/AS indicates both Before and After School care (hours as noted).

MON	TUES	WED	THURS	FRI

I understand that on school holidays (when HMCDS is open), my child is eligible to attend HMCDS as space permits, however on those days an additional fee will apply and will be included on the next monthly tuition bill.

I have attached my check in the amount of \$100 for the deposit. I understand that this \$100 will be credited toward the first month's tuition. The deposit is non-refundable.

Parent's Signature: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Other Parent Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

## DEPOSIT CONTRACT RECEIPT

Office Use Only

Child's Name: Start Year: <i>September</i>	Date Received: Received By: Check #:
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Your \$100 deposit places your child's name on our waiting list. It is non-refundable. Any changes from the original schedule requested must be put in writing to be considered and will be appended to your original After School Enrollment Deposit Contract form.