

Child's Name _____
 D.O.B. (MM/DD/YY) _____
 Start year: September _____
 Sibling(s) on Waiting List: Yes No



Date Received: _____
 Received By: _____
 Check #: _____
 Amount Pd. _____

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 (HMCDS). His/Her 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 the end of May, for each upcoming school year. This is when most new openings occur. Usually there are additional openings as enrollment progresses and during the summer as other people's plans change and typically only a few openings occur during the school year.

I understand that class placement is at the sole discretion of HMCDS and is based primarily on the child's age at the start of the school year, although other factors may also be considered and classes do sometimes have age overlap.

I have indicated below the schedule I want. I understand that HMCDS is open from 6:30am to 6:30 pm. An "A" indicates All Day care and "L" indicates half-day care (otherwise known as leaving-after-Lunch care, specifically 9 to 1pm care). I understand if my schedule needs change that I must put it in writing or it cannot be considered.

Mon	Tues	Wed	Thurs	Fri

Please note below if you have flexibility in your schedule and would like HMCDS to consider this in placement. Please indicate below alternative schedules that may work for you or note. HMCDS will always try to give you your first preference, if possible.

I have attached my check in the amount of \$100.00 for the deposit. I understand that this \$100 will be credited toward the first month's tuition. The deposit is non-refundable. *Please print clearly.*

Parent's Signature: _____ Parent Name: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Email: _____

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 The \$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 the original Enrollment Deposit Contract form.

Child's Name _____

Date received _____ Staff Member _____