

**CHILDREN'S TIME PRESCHOOL  
2010-2011 MEMBERSHIP APPLICATION**

Mailing Address for application:

P.O. Box 240  
Simpsonville, MD 21150-0240

[www.childrenstime.org](http://www.childrenstime.org)

e-mail: membership@childrenstime.org  
410-964-1534

**APPLICATION FEE:** (Non-refundable; make payable to CTP)

\_\_\_\_\_ \$45 per child for new member

\_\_\_\_\_ \$35 per child for returning members

**CLASS**

\_\_\_\_\_ 2's (Tues/ Thurs 9:30-11:45; must be 2 by September 1, 2010)

\_\_\_\_\_ 3's (M/W/F 9:30-12:00; must be 3 by September 1, 2010)

\_\_\_\_\_ 4's (M-F 12:45-3:15; must be 4 by September 1, 2010)

**Family Information**

**Child's**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Nickname \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Mother's**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**Father's**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

**Siblings**

First Name \_\_\_\_\_

DOB \_\_\_\_\_

First Name \_\_\_\_\_

DOB \_\_\_\_\_

First Name \_\_\_\_\_

DOB \_\_\_\_\_

**Address**

Street \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_