



Infant Care at Baltimore Hebrew

7401 Park Heights Avenue, Baltimore, MD 21208

410-764-7281 • Fax 443-524-0282

2017-2018 Infant Care Agreement

Child's Name: _____ Nickname: _____
First Last Birthday: _____

Address: _____

City, State, Zip: _____ Phone: _____

Parent Name: _____
First Last

Parent Address (if different): _____

City, State, Zip: _____ Phone: _____

E-mail: _____ Occupation: _____

Parent Name: _____
First Last

Parent Address (if different): _____

City, State, Zip: _____ Phone: _____

E-mail: _____ Occupation: _____

Parents are: Married Domestic Partners Single Separated Divorced Widowed

Child lives with: _____

Siblings and ages: _____

Allergies and medical conditions: _____

Pediatrician's Name: _____ Phone: _____

Prior day care attended: _____

Congregational Membership: BHC Other _____ None
Name

Expected Start Date: _____

Hours and Monthly Tuition*: Monday - Friday:
 7 am - 6 pm: \$1672 9 am - 6 pm: \$1433
Other part-time options available.

I have read the relevant information on this application. I also understand that a deposit of \$500 must accompany this application or it will not be accepted.

Signature of Parent Date

Signature of Parent Date

*All tuition charges will be billed on a monthly basis and payment must be made by the 20th of each month prior to the month's enrollment. BHC's Infant Care Program charges a \$25 late fee for all payments 15 days past due. The monthly tuition charges, as noted on this application, are for the period 7/1/17 - 6/30/18. Enrollment of two or more children qualifies for a 5% sibling discount; please call 410-764-7281 for more details.

• *New Enrollees: A \$500 non-refundable deposit is required with this application—to be applied to the first month's payment.*

For office use only:
Date Received: _____
Check #: _____