

LUTHERVILLE-TIMONIUM RECREATION COUNCIL

EARLY CHILDHOOD CENTER

APPLICATION FOR ADMISSION

Enrollment year: _____

Child's Name: _____ Nickname: _____ Sex _____

Address: _____ City/Zip _____

Home Phone: _____ Birthdate _____

Parents/ Legal Guardians: _____

Place of Employment: _____

Cell phone number: _____

Email address: _____

Other children in family: (names and D.O.B) _____

Program applying for: 4's AM _____ 3's AM _____

Lunch Bunch/ Extended Day: Mon. _____ Tue. _____ Wed. _____ Thur. _____ Fri _____

Primary language spoken at home: _____

Food allergies: _____

If you are pregnant, when is baby due? _____

Where did you hear about the LTRC Co-op? _____

I agree to abide by the policies set forth in the Policy Statement and approved by the Lutherville- Timonium Recreation Council. A \$150 non-refundable application fee is due at the time of registration. The payment should be made through our website, [www. Ltrccoop tots.com](http://www.Ltrccoop tots.com)

Signature: _____ Date: _____

Please send application to: ltrccooperativetots@gmail.com or

LTRC Co-op Tots. 200 Rickswood Rd. Timonium, MD 21093