**HERITAGE LEARNING CENTER APPLICATION 2024-2025**

 1740 Forest Drive

 Annapolis, MD 21401 410-263-6680 ext .105

**Step 1 -Establish Seniority**

Heritage Baptist Church Member ☐Yes ☐No

Number of years your family has had children attend Heritage Learning Center \_\_\_\_\_\_

(If two children attended in the same year, this counts as one year)

 New to Heritage Learning Center ☐Yes ☐No

**Step 2 - Add Personal/Family Information**

***Student’s Name***: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_/\_\_\_/\_\_\_ Gender: ☐ Male ☐ Female

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Needs of Child (ECI, Speech, OT, PT, Diet, Medical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*We request that a copy of IEP/IFSP be provided so we can best meet the needs of your child.*

***Parent’s Name*:** ***Parent’s Name*:**

Relationship: ☐ Mother ☐ Father ☐ Other: \_\_\_\_\_\_\_ Relationship: ☐ Mother ☐ Father ☐ Other:\_\_\_\_\_\_\_\_

Address: ☐ Same as student ☐Other Address: ☐ Same as student ☐Other

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ use for billing ☐ use for billing

 **Step 3 - Make Class Selection**

We make every effort to fulfill your request for class placement, however, this is not always possible. Please select your first, second, and third choice so that we can place your child in an alternative class. Your child will be put on a waitlist for your preferred class.

 **2’s Program 3’s Program 4’s Program**

Must be 2 by September 1 Must be 3 by September 1 Must be 4 by September 1

Potty Trained ***no***t required **Potty Trained required Potty Trained required**

Mon/Wed/Fri Tues/Thurs Mon/Wed/Fri

☐

9:00 – 12:00 9:00 – 12:00 9:00 – 12:00

☐

$448/Month $255/Month $370/Month

Tues/Thurs Mon/Wed/Fri Monday - Friday

9:00 – 12:00 9:00 – 12:00 9:00 – 12:00

$299/Month $380/Month $635/Month

 Monday – Friday

 9:00 – 12:00

 $635/Month