

# BAY COUNTRY LEARNING CENTER

190 Admiral Cochrane Drive, Suite 190  
Annapolis, Maryland 21401  
(410) 974-6700

## APPLICATION FOR ADMISSION

(PLEASE PRINT)

### CHILD

Last Name	First Name	DOB	
Home Address	City	State	Zip Code

### MOTHER

Last Name	First Name	Home Phone	Cell Phone
Home Address (If Different from Child)	City	State	Zip Code
Employer	Work Phone		
Business Address	City	State	Zip Code
Occupation	Email		

### FATHER

Last Name	First Name	Home Phone	Cell Phone
Home Address (If Different from Child)	City	State	Zip Code
Employer	Work Phone		
Business Address	City	State	Zip Code
Occupation	Email		

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_ Date Registration Paid: \_\_\_\_\_