

## 2019-2020 "School Year" Registration Form

Child's Name:	Grade:	DOB:	•	•	Male	Female
Parent/Guardian Name:						
Phone: E	Email:					
Parent/Guardian Name:						
Phone: E	Email:					
Address:						

EARLY LEARNING PROGRAM & ALL-DAY CHILDCARE (6 WEEKS – 5 YEARS)					
DAYS/WEEK	Infant/Toddler Rooms (6wks-24mon)	2-Year-Old Room (All Day Care)	Preschool & PreK Rooms (All Day Care)	Early Learning Program (2-5yrs) 9am-12:30pm	
2 Days/Week	\$150/week	\$125/week	\$120/week	\$50/week	
3 Days/Week	\$210/week	\$160/week	\$155/week	\$70/week	
5 Days/Week	\$275/week	\$215/week	\$200/week	\$90/week	

• PLEASE CHECK ALL THAT APPLY •						
<u>All Day Car</u>	All Day Care: Early Learning Progra		hild's Start Date:•_	•		
2 Days/V	Week	_ 2 Days/Week Pl	ease Circle Day/s: M • Tu	• W • Th • F		
3 Days/V	Week	_ 3 Days/Week Pl	ease Circle Day/s: M • Tu	• W • Th • F		
5 Days/V	Week	_ 5 Days/Week				
SCHOOL AGE CHILDCARE ENROLLMENT OPTIONS (AGES 5 YEARS – 12 YEARS)						
	DAYS/WEEK	<b>Before &amp; After School</b>	Before OR After School			
	2 Days/Week	\$70/week	\$50/week			
	3 Days/Week	\$95/week	\$60/week			
	4 Days/Week	\$110/week	\$70/week			
	5 Days/Week	\$120/week	\$80/week			
		LEASE CHECK ALL THAT AP	PLY •	_		

<u>Before &amp; After:</u>	<u>BEFORE Only:</u>	<u>AFTER Only:</u>	Child's Start Date:	·•	•	
2 Days/Week	2 Days/Week	2 Days/Week	Please Circle Day/s:	M • Tu • V	N•Th•F	
3 Days/Week	3 Days/Week	3 Days/Week	Please Circle Day/s:	M • Tu • V	<i>N</i> • Th • F	
4 Days/Week	4 Days/Week	4 Days/Week	Please Circle Day/s:	M • Tu • V	<i>N</i> • Th • F	
5 Days/Week	5 Days/Week	5 Days/Week				
Parents Signature_			Date	••	•	
Amount: \$	CASH Receipt #:	CHECK #:	AUTO-BILL Date	e:•	•	
*Please make your non-refundable registration payment (\$75 for individual <u>OR</u> \$100 per family) payable to CCCC*						

\*\*REGISTRATION IS NOT GUARANTEED UNTIL YOUR REGISTRATION FORM(S) & PAYMENT ARE SUBMITTED TO THE OFFICE\*\*