



CHRIST CHURCH CHILDREN'S CENTER

2020-2021 "SCHOOL YEAR" REGISTRATION

Child's Name: _____ DOB: ____ • ____ • ____

Male ___ Female ___ Current Public School Grade: _____ Child's Start Date: ____ • ____ • ____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Address: _____

INFANT/TODDLER – PREK CHILDCARE			
	INFANT/TODDLER CLASS	EARLY PRESCHOOL CLASS	PRESCHOOL & PREK CLASS
2 DAYS/WEEK	\$165/week	\$140/week	\$135/week
3 DAYS/WEEK	\$225/week	\$175/week	\$170/week
5 DAYS/WEEK	\$290/week	\$230/week	\$215/week

ALL DAY CARE:

- ___ 2 Days/Week
 ___ 3 Days/Week
 ___ 5 Days/Week

PLEASE CIRCLE WHICH DAYS CARE IS NEEDED:

- M • Tu • W • Th • F
 M • Tu • W • Th • F

SCHOOL AGE • FULL TIME CHILDCARE (AGES 5 YEARS – 12 YEARS)	
2 DAYS/WEEK	\$105/week
3 DAYS/WEEK	\$135/week
5 DAYS/WEEK	\$160/week

ALL DAY CARE:

- ___ 2 Days/Week
 ___ 3 Days/Week
 ___ 5 Days/Week

PLEASE CIRCLE WHICH DAYS CARE IS NEEDED:

- M • Tu • W • Th • F
 M • Tu • W • Th • F

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____ • ____ • ____

AMOUNT: \$ _____ | CASH RECEIPT #: _____ | CHECK #: _____ | AUTO-BILL DATE: ____ • ____ • ____

**Please make your non-refundable registration payment (\$75 for individual OR \$100 per family) payable to CCCC*
 REGISTRATION IS NOT GUARANTEED UNTIL YOUR REGISTRATION FORM(S) & PAYMENT ARE SUBMITTED TO THE OFFICE*