



February 1, 2022

Dear Families,

The registration process for the next school year has begun. As a currently enrolled family, you have the first priority for a spot on our next school year's roster. If you have a sibling that you would like to enroll, now is the time to register them also. This priority enrollment period will end when general enrollment opens to all on February 15.

A non-refundable \$125 registration fee (per enrolled child) is due with the registration forms. You may attach a check to the forms OR authorize the automatic withdrawal through Tuition Express. (The annual supply fee will not be assessed until August).

Tuition rates for the 2022-2023 school year have increased due to the increase in our operation costs. We have tried to minimize this increase as much as possible. The new rates are:

- Full Day Toddlers: \$230/week
- Full Day 2's: \$205/week
- Full Day 3's: \$190/week
- Full Day VPK Fours: \$150/week
- Full Day Non-VPK Fours: \$165/week (Duval County Closures)
- Part-Time 3's \$250/month
- Part-Time VPK Fours* State Paid
- School Age Before/After/
Before and After** \$30/\$60/\$85

Thank you for giving us the privilege to serve you and your beloved children. We strive to provide a safe, caring, learning environment for each child as well as excellent partners with you.

Pastor Debbie Giroux

Director

* Part-time VPK is fully state paid and thus does not require a registration fee from applicant.

**Registration fee for School Age is \$50. School Age Summer Camp Registration will be in March.

"Train up a child in the way they should go; and when they are old, they will not depart from it." Prov 22:6

Isle of Faith Child Development Center Enrollment Checklist

- Child Care Application for Enrollment
- Parent Agreement Form
- Field Trip Permission Form
- FLU Brochure
- Distracted Driver Brochure
- Health / Physical Record
- Immunization Record
- VPK only
 - Signed VPK Certificate of Eligibility (from Early Learning Coalition)
 - VPK Attendance Policy
- Fees:
 - Tuition Express Enrollment Form **OR** Deposit (equal to one week's tuition) due at enrollment
 - Registration Fee (\$125 preschool, \$50 school age programs, n/a part-time VPK) due at enrollment
 - Financial Overview Form



Isle of Faith Child Development Center

Child Care Application for Enrollment

Student Information: Date of Birth: _____ Sex: _____ Date of Enrollment: _____

Full Name: _____

Last	First	Middle	Nickname
Child's Physical Address: _____			

Primary Hours of Care: From: _____ to: _____

Days of Week in Care: M Tu Wed Th Fri

Family Information: Child lives with: _____

Custody: Mother Father Both Other (specify) _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Work Phone: _____ Work Phone: _____

Emergency Contacts: Student may be released to the following people who also may be contacted and are authorized to remove student from the facility in cases of illness/accident/emergency or if custodial parent or legal guardian cannot be reached.

Name	Address	Home/Cell Phone	Work Phone

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor / Dentist	Address	Phone #
Hospital Preference:		

Please list allergies, special medical or dietary needs, or other areas of concern:

Please provide helpful information about Child:

Are you leaving a school to attend Isle of Faith CDC? Is so, please provide prior school and state what you hope we can do differently, if anything, to help your child.

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860>], or
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at <https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841>].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, or
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records

Signature of Parent/Guardian

Date

Parent Agreement Form

Isle of Faith Child Development Center

1821 San Pablo Road
Jacksonville, Florida 32224
(904) 221-5437

I have read the Isle of Faith Child Development Center Parent Handbook and agree to follow the policies contained within it, including but not limited to:

- general services to be offered
- requirements for admission and procedures for enrollment
- health policies (including shot and immunization forms and illnesses)
- fees and payment policies
(I understand my child may not attend IOF if I have not paid his/her tuition. I understand I may be called to pick up my child if I have not paid his/her tuition.)
- rules relating to personal belongings (I understand IOF will not reimburse me for loss or damage to personal items.)
- policy defining discipline procedures
- information regarding complaint procedure
- hours of operation, holidays, and other closures
- parents' right to observe and be involved
- center's Termination/Expulsion Policy

I have read and agree to abide by the CDC policies:

Parent's signature _____

Child's name _____

Date _____

Do you have a Church Family? _____

If yes, where? _____

The Isle of Faith Child Development Center's Parent Handbook is available online at www.iofumc.org. A printed copy is available upon request.

Isle of Faith Child Development Center

FIELD TRIP PERMISSION

I give permission for my
child, _____,
to participate in activities utilizing the big
field adjacent to our parking lot and the
garden. This permission will be in effect
from 8/15/22 through 8/14/23.

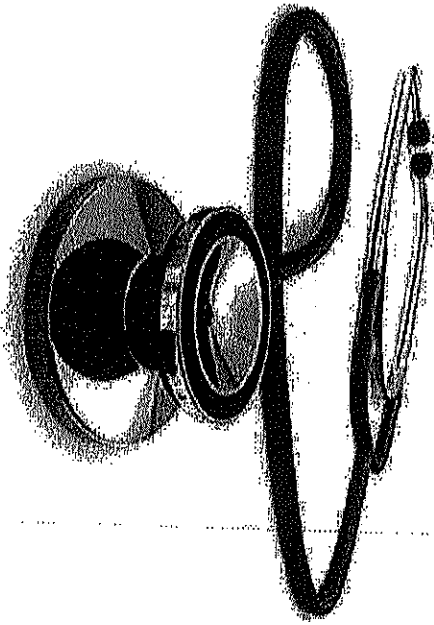
Parent's Name _____

Parent's
Signature _____

Date _____

What is the Influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life-threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit
www.florida.com/sillhca or contact your
local licensing office below:

CPD 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS

"The Flu"
A Guide
for Parents

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



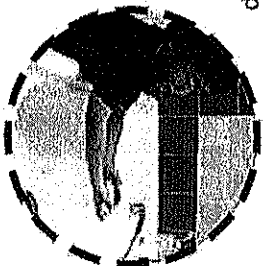
How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

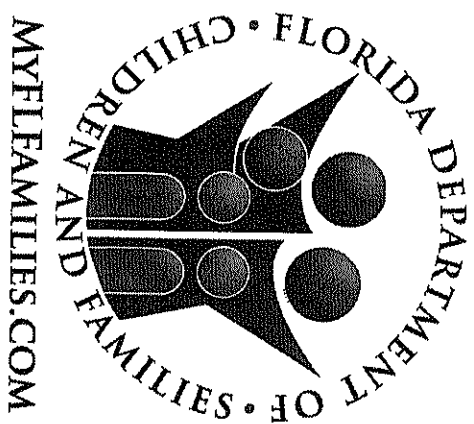


When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

A change in daily routine,
lack of sleep, stress, fatigue,
cell phone use, and simple
distractions are some things
parents experience and can be
contributing factors as to why
children have been left
unknowingly in vehicles...

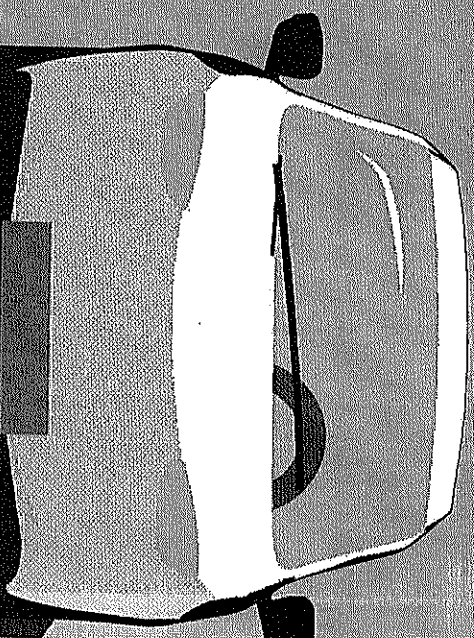


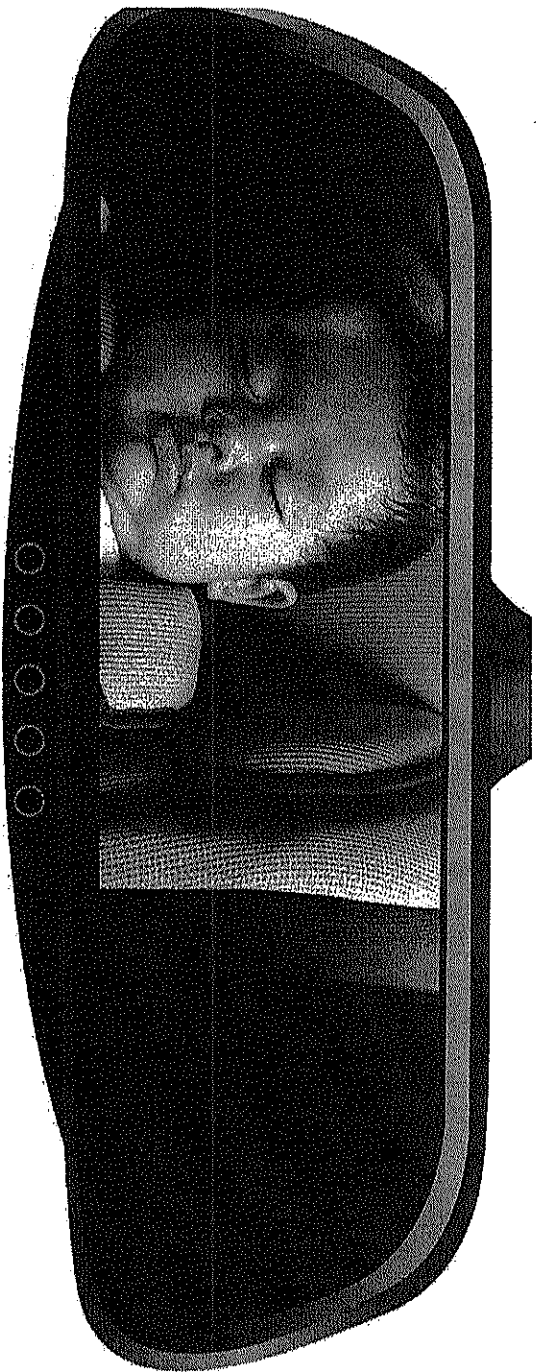
Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

When life happens... Don't be a
**DISTRACTED
ADULT**





FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20 degrees** and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session, a new law was passed that requires child care facilities, family day care homes and large family care homes to provide parents, during the months April and September each year, with information regarding the potential for distracted adults to fall drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.



Sample
Get from physician

STATE OF FLORIDA School Entry Health Exam

To Parent/Guardian: Please complete and sign Part I — Child's Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD'S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left. (Please explain any "Yes" answers in the space provided below.)

- 1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
- 2. Yes No Any other specific illness or social/emotional or behavioral problems?
- 3. Yes No Any allergies (food, insects, medication, etc.)?
- 4. Yes No Any prescription medication (daily or occasionally)?
- 5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
- 6. Yes No Any hospitalization, operation, or major illness (specify problem)?
- 7. Yes No Any significant injury or accident (specify problem)?
- 8. Yes No Would you like to discuss anything about your child's health with a school nurse?

To Parent/Guardian: Please explain any "Yes" answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.

 Signature of Parent/Guardian Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child's ability to learn in school. (These services are recommended but not required.)

1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/>	Please describe any corrective action for any problems detected and any accommodations required.
2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ Dentist: _____	Please describe any corrective action for any problems detected and any accommodations required.
3. Hearing Screening Date of Exam: _____ Results of Exam: _____ Health Care Provider: _____	Please describe any corrective action for any problems detected and any accommodations required.



Name of Child (Last, First, Middle) Birth Date

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

Month Day Year

Screening Results:

Height: Weight: BMI%: B/P: Hct/Hgb: Lead: Urinalysis:

Table with screening results for Vision (Without/With Glasses), Hearing (Right/Left), and Referred status.

Physical exam checklist: Gross dental, Head/scalp/skin, Eyes/Ears/Nose/Throat, Chest/Lungs/Heart, Abdomen, Postural assessment. Includes Normal/Abnormal options and Refer/Tx fields.

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Checkboxes for Vision, Hearing, Speech/Language, Physical, Social/Behavioral, Cognitive.

Specify:

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below. (This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary):

(Please Check One)

- Checkboxes for school participation: fully in school activities, or with restriction/adaptation.

(Specify reason and restriction)

Signature/Title of Health Care Provider, Date, Address (Please print or stamp)

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Risks: Recent immigrant (< 5 years), frequent visitor to TB endemic areas, Close contact to active TB case, Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user, HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Risks: Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)? If symptoms are present, work-up or refer for TB disease evaluation.



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-20.011, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MO/DA/YR)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See "Immunization Guidelines Florida Schools, Child Care Facilities and Family Day Care Homes" for information and instructions on form completion. Guidelines are available at: http://us.disease_ctrl/immune/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MO/DA/YR	Dose 2 MO/DA/YR	Dose 3 MO/DA/YR	Dose 4 MO/DA/YR	Dose 5 MO/DA/YR
DTaP/DTP	A					
DT	B					
Td/Tdap	C					
Polio	D					
Hib	E					
MMR (Combined) (Separate)	F, G, H					
Hepatitis B	I					
Varicella	J					
Varicella Disease	K					
PneumoConju	L					

Select appropriate box(es).
Certificate of Immunization for K-12

Part A-Complete

Part A (Immunizations are complete for school entry and attendance and meet requirements for kindergarten and/or 7th grade (and for grades kindergarten through 12). I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance as documented above.) DOE Code 1

Temporary Medical Exemption

Expiration date: _____

Part B-Temporary

Part B (For children in day care, family day care homes, preschool and kindergarten grades through 12 who are incomplete for immunization in Part A) Invalid without expiration date. DOE Code 2

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)
DOE Code 3 _____

I certify the physical condition of this child is such that immunization(s) as indicated in Part C above is medically contraindicated.

Physician or Clinic Name _____

Physician or
Authorized Signature: _____

Issued By: _____

Date: _____

FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; rules 64D-3.046, 65C-22.011 Florida Administrative Code

<u>PATIENT</u>	<u>TEST</u>	<u>01/01/2006</u>
Last Name	First Name	MI
<u>MOM PATIENT</u>		<u>9900001032</u>
Parent or Guardian	Child's SS#.(optional)	State Immunization ID#

Directions:

* For additional information: See Immunization Guidelines for School and Child Care Facilities for information and instructions on form completion and immunization requirements. Guidelines are updated annually and are available from the local county health department.

VACCINE	DOE CODE	Dose 1 MO/DAYR	Dose 2 MO/DAYR	Dose 3 MO/DAYR	Dose 4 MO/DAYR	Dose 5 MO/DAYR
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Td/Tdap	C	_____	_____	_____	<i>Booster</i>	_____
Polio	D	_____	_____	_____	_____	_____
HIB	E	_____	_____	_____	_____	_____
MMR (Combined)	F	_____	_____	_____	_____	_____
(Separate)	G,H	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
	I	<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneuConju		<i>Year</i>	_____	_____	_____	_____

Certificate of Immunization for K-12

PART A (Immunizations are complete for school entry and attendance for grades kindergarten through 12.) DOE Code 1
I have reviewed the records available, and to the best of my knowledge, the above named child has been adequately immunized for school attendance as documented above.

Physician or Clinic Name:
BUREAU OF IMMUNIZATION
2585 MERCHANTS ROW BLVD
TALLAHASSEE, FL 32399

Physician or
Authorized Signature: TEST DOCTOR
Electronic Certification: MD4N6GWBLG9
Date: 07/03/2007
Issued By: TEST USER

Isle of Faith Child Development Center (CDC) Attendance and Tardiness Policy for VPK

Timely attendance (arriving on time and remaining for the entire class) during scheduled instructional days of school is of utmost importance to build a foundation of positive attitudes, habits, and skills that influence each child's future achievement. **As a VPK student, you will be required to comply with these policies.**

Start-Up period:

Please arrive within 15 minutes of start-up time to give your child time to settle in and be ready to start class.

It is the CDC's desire to nurture a healthy relationship between your family and our school, to establish a good rapport with your child's new teacher, to build a successful school and classroom community, and to begin meaningful classroom routines. The Start-up period is vital to realizing these goals. Attendance will be taken daily through the school year

Tardiness:

Depending on your child's enrollment, the VPK class begins promptly at 9:00am (Full-time) or 8:30 am (Part-time morning) or 12:15 pm (Part-time afternoon). While we understand that it is occasionally unavoidable to be late, more than twice a month is excessive and may require a conference with the Director.

Early activities provide time for socialization and "settling in" to class. This transition from home to school is an integral component of every school day. If your child is late, he/she misses opportunities for daily organization, catching up with his/her friends, and one on one time with the teacher. He/she may feel "out of step" all day because he/she had to jump right into the day without this transition. Habitual tardiness implies that school attendance is not important and contributes to attitudes toward school and punctuality that are less than desired.

Early Departure:

The end of the VPK class day (12:00 pm for Full day, 11:30 am for Part-time morning, and 3:15 pm for Part-time afternoon) is as important as the beginning. Wind down activities that summarize and reinforce concepts and skills from the day take place. Looking ahead to tomorrow's events builds enthusiasm and helps prepare a child for what comes next. We know that from time to time, appointments or emergencies necessitate that your child must leave early. However, more than twice a month is excessive and may require a conference with the Director.

Parent/Guardian will receive a copy of the signed policy for reference.

Absence:

Excessive absence is not conducive to learning progression and educational success for your child. Please read the following items carefully. These conditions pertain only to the 180-day VPK program (Aug-May), not to summer attendance.

1. Each calendar month, a child's parent or legal custodial adult may document up to five (5) excused absences. Absence is excused due to the following reasons:
 - Illness or injury of the child or the child's family member which requires hospitalization or bed rest.
 - Physician or dentist appointment.
 - Infectious disease or parasitic infestation.
 - Funeral service, memorial service, or bereavement upon the death of the child's family member.
 - Life-threatening illness or injury of the child's family member.
 - Compliance with a court order (e.g., visitation, subpoena).
 - Special education or related services.
 - Observances of a religious holiday or service, or because the child's parent or guardian's religion forbids secular activity on the instructional day.
 - Family vacation, not to exceed five (5) excused absences per school year.
 - Extraordinary circumstances beyond the control of the child or the child's parent.
2. Beyond five (5) excused absences, a person other than the child's parent must document the excused absence. The person must be unrelated to the child or the child's parent and documentation must show that the person has personal knowledge of the reason for the child's absence (e.g., a letter from a physician).
3. Each calendar month a child may have up to three (3) unexcused absences. (These days do not include the scheduled days off that appear on the annual calendar.)
4. A VPK student who is absent for five (5) consecutive instructional days without notifying the CDC will be considered withdrawn from the VPK program.
5. VPK parents/guardians must complete and sign attendance verification for EACH month. These forms will be given to you on the last instructional day of each month to review and confirm your child's recorded attendance for the month. It must be signed and returned the same day. Your signature on this form verifies attendance and directs the Early Learning Coalition of Duval County to direct payments for the month's VPK program for your child to the CDC, and that you continue to choose the CDC to provide your child's VPK for the upcoming month.

I understand and accept the terms of the CDC Attendance and Tardiness Policy for VPK:

Child: _____ Date: _____

Parent / Guardian (print): _____

Parent/Guardian (signature): _____

Parent/Guardian will receive a copy of the signed policy for reference.

Financial Overview – Tuition & Fees for 2022-2023

Tuition: Due weekly each Monday or the first day of the week if different. Monthly program tuition is due the first Tuesday of each month.

Tuition rates have factored in the planned 2022 holiday closures (including Christmas Break). The full tuition is due regardless of student's attendance. Full time preschool students may use an absent/vacation credit available each calendar year (100% for one week out or 50% for two week's out).

TUITION

Full Day Tuition: - Classrooms are assigned based on child's age as of September 1st.

- Toddlers: \$230/week
- Two's: \$205/week
- Three's: \$190/week
- VPK Wrap: \$150/week during school session & 165/week outside of school session

Part-time Tuition:

- Three's: \$250/month
- VPK/Fours: State Paid

School Age Tuition – During school session

- Before Care: \$30/week
- After Care: \$60/week
- Before/After: \$85/week

School Age Drop In – outside of school session*

- Enrolled in school age program: \$30/day
- Non enrolled in school age program: \$55/day

(Excludes summer camp program. See separate rate schedule.)

FEES / Discounts

- Annual Registration Fee: \$125 preschool, \$50 school age, PT VPK n/a. Due at enrollment.
- Annual Supply Fee: \$100 (excludes school age program). Assessed in August.
- Late Payment Fee: \$20.
- Returned Check Insufficient Funds: \$50.
- Late Pick Up Fee after 6 pm: \$25 per child. Every additional minute after 6pm: \$1.00/minute/child.
- Sibling Discount: \$5 / week per sibling.

DEPOSIT (Refundable)

- Equal to one week's tuition. Will be applied to student account last week of attendance. May be waived if enrolled in Tuition Express auto payment.

I have read and understood the financial responsibility of enrollment at the CDC.

Name/Signature: _____ Date: _____

Tuition
Express

Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express® -- an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I hereby authorize _____ (business name) to initiate recurring credit card charges on the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____
Card Address _____ City _____ State _____ Zip _____
Card Number _____ Expiration Date _____ CVV code _____
Signature _____ Date _____

Check if you wish to make online payments

*optional if you
would like to have best
weekly automatic deductions.*

Special Use Only
Received
Signature

