KIDS' CAMPUS CHILD CARE
REGISTRATION CONTRACT

_____

Child's Name | Date of Birth | Home Phone #

_____

Name of Parent(s) | Address | Work Phone #

Please indicate which class your child is to be enrolled in:

_____Infant Class
_____Toddler 1 Class
_____Toddler 2 Class
_____2 Year Old Class
_____3 Year Old Class
_____Pre-K Class
_____School Age Class>>>>>>>>Please check one below:
During school year _____ will need before & after school care
_____ will need after school care only

Indicate which program your child will be enrolled in:

_____Five Day Program – Monday – Friday
_____Two Day Program – Tuesday & Thursday* ***Available for 2s, 3s, and Pre-K Classes only.**
_____Three Day Program – Monday, Wednesday & Friday*

My child will attend (check one or both) _____summer session _____school year session and will begin on (date)_____.

*I understand that tuition is due **the first day of the week (or month),** that there is a $15 late charge added weekly if tuition is not paid in full by Wednesday at 9:00 A.M., and that there is a late charge if my child is not picked up by 6:00 P.M. Tuition is due regardless of attendance.*

I have attached a $45 non-refundable registration fee, plus the first and last week's tuition, also non-refundable.

_____

Parent Signature | Date

_____

Date of Receipt of Registration Form and Fee