Child's Name:								
Last First Birthdate: Parent/Guardian Name: Email: Cell #: Work #:		Middle						
		Desired Start Date:						
		Email:						
					Home Address:		Home Address:	
							_	
					Tuition Rates	3-Day	4-Day	Per Week
Registration Fee \$50.00*								
Infant (12wks – 1yo)	\$180.00	\$240.00	\$250.00					
Young Toddler (1-2yo)	\$170.00	\$230.00	\$240.00					
Older Toddler (2-3yo)	\$160.00	\$220.00	\$230.00					
Primary (3-6yo)	\$150.00	\$200.00 \$210.00						
Y N MLC has my perm	nission to use diaper ointment ission to put sunscreen (pro- nission to transport my child	ovided by me) on my c	hild					
• •	•		ne classrooms for staff knowledge					
7 1	_		_					
• •	ion to photograph my child for t							
	n to videotape my child with intent t	to use material for parent awa	reness and educational resources					
Your child has IEP ☐ YES ☐								
Parent Name Date		e	Office Use Only					
		ount Paid	Staff Initial:					
Check # Cash		sh	Tuition Per Week: \$					
Days: M Tue W Thu F	Check-in Time:	Check-out Tin	ne:					

 $*Registration \ Fee \ is \ non-refundable \ \& \ non-transferable$

Rev05.01.2022

Child's Name:								
Last First Birthdate: Parent/Guardian Name: Email: Cell #: Work #:		Middle Desired Start Date:						
		Desired Start Date.						
		Email:						
					Home Address:		Home Address:	
					Tuition Rates	Half Days 7:30AM	Per Day	Per Week
Registration Fee \$50.00*	•	•						
Infant (12wks – 1yo)		\$60	\$240.00					
Young Toddler (1-2yo)	\$145	\$55	\$230.00					
Older Toddler (2-3yo)	\$140	\$50	\$220.00					
Primary (3-6yo)	\$135	\$45	\$190.00					
Y N MLC has my perm	nission to use diaper ointmen	nt (provided by me) or	n my child					
Y N MLC has my perm	nission to put sunscreen (pro	vided by me) on my c	hild					
Y N MLC has my perm	nission to transport my child	, during emergency ca	ases					
Y N MLC has my permiss	sion to post medical information/	dietary restrictions with the	he classrooms for staff knowledge					
Y N MLC has my permiss	sion to photography my child for	use within the center env	ironment, website, & brochures					
Y N MLC has my permission	n to videotape my child with intent t	o use material for parent awa	areness and educational resources					
Parent Name	Date	e	Office Use Only					
		ount Paid	Staff Initial:					
Check #	Cas	h	Tuition Per Week: \$					
Days: M Tue W Thu F	Check-in Time:	Check-out Tin	ne:					

 $*Registration \ Fee \ is \ non-refundable \ \& \ non-transferable$

Child's Name:								
Last First Birthdate:		Middle Desired Start Date:						
Parent/Guardian Name: Email: Cell #: Work #: Home Address:		Parent/Guardian Name: Email: Cell #: Work #:						
					Tuition Rates	Half Days 7:30AM	Per Day	Per Week
					Registration Fee \$50.00*			
					Infant (12wks – 1yo)	* 4.4.7	\$60	\$240.00
					Young Toddler (1-2yo)	\$145	\$55	\$230.00
Older Toddler (2-3yo) Primary (3-6yo)	\$140 \$135	\$50 \$45	\$220.00 \$190.00					
Y N MLC has my perm Y N MLC has my perm Y N MLC has my permiss Y N MLC has my permiss	nission to use diaper ointment nission to put sunscreen (pro- nission to transport my child, sion to post medical information/ sion to photography my child for n to videotape my child with intent to	vided by me) on my of during emergency can dietary restrictions with the use within the center env	child ases the classrooms for staff knowledge vironment, website, & brochures					
Parent Name	Date	·	Office Use Only					
		ount Paid	Staff Initial:					
		h	Tuition Per Week: \$					
Days: M Tue W Thu F	Check-in Time:	Check-out Ti	me:					

 $*Registration \ Fee \ is \ non-refundable \ \& \ non-transferable$

	First	Desired Start Date:	Middle		
T	Parent/Guardian Name:		Parent/Guardian Name:		
Emaii:					
Cell #: Work #: Home Address:					
					_ Home Address:
		Tuition Rates	Half Days 7:30AM	Per Day	Per Week
Registration Fee \$50.00*					
Infant (12wks – 1yo)	Φ1.45	\$60	\$240.00		
Young Toddler (1-2yo)	\$145	\$55 \$50	\$230.00		
Older Toddler (2-3yo) Primary (3-6yo)	\$140 \$135	\$50 \$45	\$220.00 \$190.00		
 Y N MLC has my permiss Y N MLC has my permiss Y N MLC has my permission Y N MLC has my permission 	to photography my child for	ovided by me) on my condition, during emergency candidatary restrictions with the use within the center environment.	hild		
Parent Name	Dat	e	Office Use Only		
		ount Paid	Staff Initial:		
		h			

 $*Registration \ Fee \ is \ non-refundable \ \& \ non-transferable$

Child's Name:								
Last First Birthdate: Parent/Guardian Name: Email: Cell #: Work #:		Middle Desired Start Date:						
		Desired Start Date.						
		Email:						
					Home Address:		Home Address:	
					Tuition Rates	Half Days 7:30AM	Per Day	Per Week
Registration Fee \$50.00*	•	•						
Infant (12wks – 1yo)		\$60	\$240.00					
Young Toddler (1-2yo)	\$145	\$55	\$230.00					
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Primary (3-6yo)	\$135	\$45	\$190.00					
Y N MLC has my perm	nission to use diaper ointmen	nt (provided by me) or	n my child					
Y N MLC has my perm	nission to put sunscreen (pro	vided by me) on my c	hild					
Y N MLC has my perm	nission to transport my child	, during emergency ca	ases					
Y N MLC has my permiss	sion to post medical information/	dietary restrictions with the	he classrooms for staff knowledge					
Y N MLC has my permiss	sion to photography my child for	use within the center env	ironment, website, & brochures					
Y N MLC has my permission	n to videotape my child with intent t	o use material for parent awa	areness and educational resources					
Parent Name	Date	e	Office Use Only					
		ount Paid	Staff Initial:					
Check #	Cas	h	Tuition Per Week: \$					
Days: M Tue W Thu F	Check-in Time:	Check-out Tin	ne:					

 $*Registration \ Fee \ is \ non-refundable \ \& \ non-transferable$