



425 South Hamilton Road, Gahanna, Ohio 43230  
(614) 471-9269

### EXTENDED CARE REGISTRATION APPLICATION SEPTEMBER 2016 - MAY 2017

OFFICE USE	
Code	_____
Reg.	_____
S.D.	_____
Ck #	_____
Date	_____
Tuition	_____
Discount Applied:	
Sibling/SHEPNAZ	

#### CHILD INFORMATION

Last Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
 First Name: \_\_\_\_\_ Sex: \_\_\_ M \_\_\_ F  
 Middle Name: \_\_\_\_\_ Grade for 2016-2017 School Year \_\_\_\_\_  
 Birthdate: \_\_\_\_\_

#### PARENT INFORMATION

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home/Cell Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_  
 Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

#### MORNING ATTENDANCE

No Morning Care will be needed if you drop your child off to SCS at 7:45 a.m. or later.

Days Attending (must be 3 or 5 days/week): \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ H \_\_\_ F

Arrival Time: \_\_\_\_\_ \*Children will be taken to class at 7:45 a.m.

#### AFTER-SCHOOL ATTENDANCE

You will need to sign up for Aftercare if you cannot be here to pick your child up from his/her classroom at 2:30 p.m.

Days Attending (must be 3 or 5 days/week): \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ H \_\_\_ F

\_\_\_\_\_ Half-session (Pick-up before 4:30 p.m.)

\_\_\_\_\_ Full-session (Pick-up after 4:30 p.m.)

Departure Time: \_\_\_\_\_

**\* Charges will be incurred for a late pick-up from both the Half & Full sessions.**

# LITTLE LAMBS CHILDREN'S CENTER FINANCIAL COMMITMENT AGREEMENT FOR EXTENDED CARE

I realize that I have made a financial commitment for the 2016-2017 school year. I understand that the first month's tuition is due September 1, 2016. I understand that any change to my child's schedule must be made in writing, two weeks prior to the change occurring. I agree to pay my tuition as follows:

## BEFORE SCHOOL CARE: (6:30am – 8:00am)

Days Attending: \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ H \_\_\_ F

ARRIVAL TIME: \_\_\_\_\_

\_\_\_\_\_ 3 days/week: \$47/month

\_\_\_\_\_ 5 days/week: \$68/month

AFTERSCHOOL CARE: Days Attending: \_\_\_ M \_\_\_ T \_\_\_ W \_\_\_ H \_\_\_ F

DEPARTURE TIME: \_\_\_\_\_

## Please check program needed.

\_\_\_\_\_ ½ PM (2:30pm – 4:30 pm) for 3 days/week: \$142/month

\_\_\_\_\_ ½ PM (2:30pm – 4:30 pm) for 5 days/week: \$205/month

\_\_\_\_\_ FULL PM (2:30pm – 6:00 pm) for 3 days/week: \$194/month

\_\_\_\_\_ FULL PM (2:30pm – 6:00 pm) for 5 days/week: \$284/month

\_\_\_\_\_ COMBINED AM & ½ PM (2:30pm-4:30pm) for 3 days/week: \$189/month

\_\_\_\_\_ COMBINED AM & ½ PM (2:30pm-4:30pm) for 5 days/week: \$273/month

\_\_\_\_\_ COMBINED AM & FULL PM (2:30pm-6:00pm) for 3 days/week: \$242/month

\_\_\_\_\_ COMBINED AM & FULL PM (2:30pm-6:00pm) for 5 days/week: \$352/month

**TOTAL MONTHLY FEE INCLUDING AM AND PM CARE IF ENROLLED: \$ \_\_\_\_\_.**

**\*A prorated amount will be due for the months of August 2016.**

**Full day care will be available on days that Shepherd Christian School is closed due to weather or scheduled breaks. The daily fee for care will be \$30.00. Please note there will be days that the entire campus is closed for holidays (please check the Little Lambs Calendar). Also, watch news channels for emergency weather closings. Shepherd Christian School and Little Lambs Children's Center are listed separately.**

I understand that a \$20.00 late fee will be charged for tuition payments not received on time. I realize that my child will not be allowed to return to pre-school/daycare if the current month's tuition is not received by the 30<sup>th</sup> of the month.

This agreement may be cancelled and student withdrawn by parents upon **written request of at least 30 days**. If child is withdrawn without notice, a prorated amount for 2 weeks tuition will be charged to your account.

Parent's Signature \_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ SS# \_\_\_\_\_ Date \_\_\_\_\_

*In case of divorced or separated parents: The parent registering the child will be responsible for all tuition payments unless the other parent agrees to be responsible in which case that parent must also sign above and provide their information below. (Please include home/ mailing address, phone number, place of employment, work phone and any other contact numbers available.)*

\_\_\_\_\_  
\_\_\_\_\_