

Office Use Only
<input type="checkbox"/> EZ-C <input type="checkbox"/> ATT <input type="checkbox"/> SI <input type="checkbox"/> FACTS Class _____



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

## REGISTRATION APPLICATION SEPTEMBER 2017 - MAY 2018

Office Use Only
Code _____ Date _____ Reg. _____ Ck # /R# _____ Tuition _____ Discount Applied: <input type="checkbox"/> Sibling <input type="checkbox"/> Shep Naz Mem. <input type="checkbox"/> Employee

### Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_ M \_\_\_ F Grade in Fall 2017 \_\_\_\_\_

Program:  Extended Care program (Before Care 6:30-7:45 AM) (After Care 2:30-4:,30, 2:30-6:00 PM)

Child lives with:  Father  Mother  Both  Other \_\_\_\_\_

Preferred Start Date: \_\_\_\_\_

### Family Information

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

### Financial Information

Who is financially responsible for this account with LLCC?

- Father  
 Mother  
 Split—please list individuals responsible

1st Party \_\_\_\_\_ 2nd Party \_\_\_\_\_

(Both parties MUST sign the back)

Is there a sibling enrolled in LLCC?  No  Yes—sibling's name \_\_\_\_\_

Are you a member of Shepherd Church of the Nazarene?  No  Yes (verification will be made through church office)

Please complete financial agreement on reverse side

LITTLE LAMBS CHILDREN'S CENTER  
EXTENDED CARE  
FINANCIAL COMMITMENT AGREEMENT

**Before School Care** (6:30am—8:00am)

\_\_\_ 3 days \$47mo.     \_\_\_ 5 days \$68/mo.

Please indicate days    \_\_\_ Monday    \_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday    \_\_\_ Friday

Arrival Time (to nearest half hour): \_\_\_\_\_

**Afterschool Care**

**Half PM** (2:30pm—4:30pm)

\_\_\_ 3 days \$142mo.     \_\_\_ 5 days \$205/mo.

Please indicate days    \_\_\_ Monday    \_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday    \_\_\_ Friday

**Full PM** (2:30pm—6:00pm)

\_\_\_ 3 days \$194mo.     \_\_\_ 5 days \$284/mo.

Please indicate days    \_\_\_ Monday    \_\_\_ Tuesday    \_\_\_ Wednesday    \_\_\_ Thursday    \_\_\_ Friday

Departure Time (to nearest half hour): \_\_\_\_\_

- Tuition amounts are to be added together to get total monthly rate. For example if you enroll your child for 3 mornings and 3 half PM your total tuition would be \$189/mo (\$47 + \$142).
- A prorated amount will be due for the month of August. All other months will be charged the regular monthly fee. There is no credit for break or school-out days.
- Full day care will be available on days that Shepherd Christian School is closed due to weather. An additional \$30/day will be added to your FACTS account.
- There are days that the entire campus is closed for holidays (please check the Little Lambs Calendar as well as the SCS Calendar). Also watch news channels for emergency weather closings. Shepherd Christian and Little Lambs are listed separately.
- Full day care will be available on days that Shepherd Christian School is closed due to scheduled breaks. An RSVP form will be sent home and **MUST** be completed and returned to receive care for the days indicated on the form. An additional \$30/day will be added you're your FACTS account.

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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 \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

*In case of divorce or separated parents: If it is indicated that there is more than one person responsible for the account, both signatures **MUST** be present. If only one signature is present, that parent will be responsible for all tuition payments.*