

# 2017-2018 Children's Learning Program- Registration Agreement

## Mother's Day Out Program

I understand that no refund will be made for Non-Attendance

<u>Circle one: (or more)</u>	<u>Annual Registration Fee</u>	<u>Annual Tuition</u>	<u>Monthly Payments</u>
1's – M T W TH F	\$175.00(per day circled)	\$1600.00(per day circled)	\$160.00(per day circled)
2's – M T W TH F	\$175.00(per day circled)	\$1600.00(per day circled)	\$160.00(per day circled)
2's – M/W or T/TH (2 days)	\$350.00	\$3200.00	\$320.00

**BLOCKS – (before and after care) please use BLOCKS registration form**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_ M / F

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Helpful Information: Allergies (E.G. Medical/Foods) \_\_\_\_\_

FOR OFFICE USE ONLY: CK # \_\_\_\_\_ \$ \_\_\_\_\_ Class list \_\_\_\_\_ ACS \_\_\_\_\_ CC \_\_\_\_\_

R \_\_\_\_\_ T \_\_\_\_\_ BLOCKS R \_\_\_\_\_ BLOCKS T \_\_\_\_\_

# 2017-2018 Children's Learning Program - Registration Agreement

## Preschool and Kindergarten

I understand that no refund will be made for Non-Attendance

Circle one: (or more)	Annual Registration Fee	Annual Tuition	Monthly Payments
3's - # 1 (T/TH)	\$335.00	\$3150.00	\$315.00
3's - # 1 # 2 (M/W/F)	\$385.00	\$4650.00	\$465.00
4's - M/W/F (This class is for birthdays May - Oct. ONLY)	\$390.00	\$4650.00	\$465.00
4's - T/TH (This class is for birthdays May - Oct. ONLY)	\$335.00	\$3150.00	\$315.00
Pre-K #1 #2 (M/W/F)	\$450.00	\$4700.00	\$470.00
Pre-K # 3 (T/TH/F)	\$450.00	\$4700.00	\$470.00
Pre-K # 4 (M-F)	\$550.00	\$7250.00	\$725.00
Kindergarten	\$600.00	\$7250.00	\$725.00

BLOCKS - (before and after care) please use BLOCKS registration form

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_ M / F

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's cell phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's cell phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Helpful Information: Allergies (E.G. Medical/Foods) \_\_\_\_\_

FOR OFFICE USE ONLY: CK # \_\_\_\_\_ \$ \_\_\_\_\_ Class list \_\_\_\_\_ ACS \_\_\_\_\_ CC \_\_\_\_\_

R \_\_\_\_\_ T \_\_\_\_\_ BLOCKS R \_\_\_\_\_ BLOCKS T \_\_\_\_\_