



Registration Form for Academic Year 2008-2009

Family Name _____
 Address _____

Children's Information

Child's Name	Grade (as of 9/08)	Plan	Check days (If applicable)				
			Mon	Tue	Wed	Thu	Fri

Mother Contact Information:

Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Father Contact Information:

Name: _____
 Home Phone: _____
 Work Phone: _____
 Cell Phone: _____

Please check the ONE rate that is best for you. This will be a fixed rate that may be changed monthly under the condition that the Day Care is notified before the first of the month.¹

Plan	Description	Cost
1	2:40 – 6:00 Session – Full Week	\$70.00 per week
2	2:40 – 6:00 Session – Daily – indicate days above	\$16.00 per day
3	Drop-In – 2:40 – 6:00 or fraction thereof	\$19.00 per day

There is a \$35.00 non-refundable registration fee (per family) required with this form.

Rates are subject to change.

For Office Use Only: Check # _____ Date _____
 Emergency Card _____ Summer Letter _____
 Health Form _____ Health Letter Sent _____

¹ If the first of the month falls in the middle of a pay period, the changes will be applied to the following pay period.