

**Office Use**

Room Assignment \_\_\_\_\_

Start Date \_\_\_\_\_



## Fall Registration 2010

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City State Zip

Telephone Number \_\_\_\_\_ Age and Grade \_\_\_\_\_  
As of 9/1/10

Email Address \_\_\_\_\_

Include us on the Educare updates email list  Send the tuition statement via email (paperless option)

Allergies (i.e. Food/Medications/Seasonal) \_\_\_\_\_

Schedule for Fall 2010 (Place a checkmark to indicate schedules.)

	<u>Full-day</u> 6 a.m.-6:30 p.m.	<u>Core Day</u> 9 a.m.-3 p.m.	<u>1/2 day a.m.*</u> 6 a.m.-12 p.m.	<u>1/2 day p.m.*</u> 12:30.-6:30 p.m.	<u>School Age</u> Monday-Friday Only
Monday	_____	_____	_____	_____	Before _____
Tuesday	_____	_____	_____	_____	After _____
Wednesday	_____	_____	_____	_____	Before/After _____
Thursday	_____	_____	_____	_____	After N.Fred/6th _____
Friday	_____	_____	_____	_____	Pre-K Before/After _____
					Pre-K After _____

\*1/2 day schedule not available for children under 18 months.

Note: Part-time enrollment is available on a limited basis.

Initial choice below:

\_\_\_\_\_ I agree to pay monthly based on the current enrollment rates less a 2% discount.

\_\_\_\_\_ I agree to pay bi-weekly (every other Monday) based on the current enrollment rates.

### Preschool Hours Only

T/Th 3 Year Old Program \_\_\_\_\_ 9:00 a.m. – 11:45 a.m.

M/W/F 4 Year Old Program \_\_\_\_\_ 9:00 a.m. – 11:45 a.m.

M/W/F 4 Year Old Extended Day Program\*\* \_\_\_\_\_ 9:00 a.m. – 1:30 p.m.

\*\*Min. enrollment of 7 children required to begin the extended day program.

\_\_\_\_\_ I agree to pay the monthly preschool tuition rate due 1<sup>st</sup> of every month.  
initials

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

**Office use** \$ \_\_\_\_\_ Reg. Pd \_\_\_\_\_ \$ \_\_\_\_\_ Deposit Pd \_\_\_\_\_ Pre-payment Pd \$ \_\_\_\_\_