

Office Use

Room Assignment _____

Start Date _____



School-Year Registration 2011-12

(August 2011-June 2012)

Child's Name _____ Date of Birth _____
Last First

Address _____
Street City State Zip

Telephone Number _____ Age and Grade _____
As of 9/1/11

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 2011 (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. Minimum enrollment of 2 days/week is required.

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 1st of every month.

initials

Parent's Signature _____ Date _____

Office use \$ _____ Reg. Pd _____ \$ _____ Deposit Pd _____ Pre-payment Pd \$ _____