



## 2017 Full Day Child Care Registration Form

**Please Print Clearly:**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_M \_\_\_F

Child's Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (H)(\_\_\_\_\_) Email \_\_\_\_\_

**Parent #1 Name** \_\_\_\_\_

Phone Number (H)(\_\_\_\_\_) (W)(\_\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ Cell Number(\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Email \_\_\_\_\_

**Parent #2 Name** \_\_\_\_\_

Phone Number (H)(\_\_\_\_\_) (W) (\_\_\_\_\_) \_\_\_\_\_

Company Name \_\_\_\_\_ Cell Number (\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contacts & Pick-Up Authorization**

In addition to the parent(s) who have signed below, the following person(s) are authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child.

Name \_\_\_\_\_

Day Phone(\_\_\_\_\_) Cell (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Name \_\_\_\_\_

Day Phone(\_\_\_\_\_) Cell (\_\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Full Day Care is Monday through Friday**  
 7:00am to 6:30pm

**Full Day Care Infant**

**5 days per week \$1,354.00 per month**  
**4 days per week \$1,224.00 per month**  
**3 days per week \$1,059 per month**  
**2 days per week \$777.00 per month**

**Full Day Care Toddler**

**5 days per week \$1,297.00 per month**  
**4 days per week \$1,132.00 per month**  
**3 days per week \$978.00 per month**  
**2 days per week \$664.00 per month**

**Full Day Care Pre-School**

**5 days per week \$1,056.00 per month**  
**4 days per week \$933.00per month**  
**3 days per week \$798.00 per month**  
**2 days per week \$585.00 per month**

**Full Day Care Pre-K**

**5 days per week \$997.00 per month**  
**4 days per week \$889.00 per month**  
**3 days per week \$756.00 per month**  
**2 days per week \$551.00 per month**

(FEES EFFECTIVE 1/1/2017-12/31/2017)

**Please Check Appropriate Program(s):**

Infant  Pre-School  
 Toddler  Pre-K

**If Part-Time, Please Check Appropriate Day(s):**

Monday  Tuesday  Wednesday  
 Thursday  Friday

**Parents are required to keep this information current by contacting Centenary Early Learning Center with changes.**

**FEES**

- Fees are paid by check, or credit card to **Centenary Early Learning Center** by the 15th of the month prior (ie. September payment will be due by August 15<sup>th</sup>). Credit card draft is available. Cards are drafted on the 15th of the month prior. Please see the office to set up automatic credit card draft.
- A 10% sibling discount will be applied to siblings enrolled in full time programs.
- Tuition payments are non-refundable.

**EZ PAY:**

As the parent of \_\_\_\_\_, I authorize you to charge my credit card whenever tuition is due. \_\_\_\_\_  
(initial)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_