



Half Day Child Care Registration Form

Please Print Clearly:

Child's Name _____ D.O.B. ___/___/___ Sex ___M___F

Address _____

City _____ State _____ Zip _____

Parent #1 Name _____

Phone Number (H) (____) _____ (C) (____) _____

(W) (____) _____ Email _____

Company Name _____ Job Title _____

Parent #1 Name _____

Phone Number (H) (____) _____ (C) (____) _____

(W) (____) _____ Email _____

Company Name _____ Job Title _____

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.

Emergency Contact #1 Name _____

Phone Number (H) (____) _____ (C) (____) _____

Relationship to Child _____

Emergency Contact #2 Name _____

Phone Number (H) (____) _____ (C) (____) _____

Relationship to Child _____

Half Day Care Infant

7:00am-6:30pm

5 days per week	\$873.00 per month
4 days per week	\$766.00 per month
3 days per week	\$658.00 per month
2 days per week	\$484.00 per month

Half Day Care Toddler

7:00am-6:30pm

5 days per week	\$790.00 per month
4 days per week	\$690.00 per month
3 days per week	\$592.00 per month
2 days per week	\$401.00 per month

Half Day Care Preschool

7:00am-6:30pm

5 days per week	\$641.00 per month
4 days per week	\$557.00 per month
3 days per week	\$480.00 per month
2 days per week	\$352.00 per month

Half Day Care Pre-K

7:00am-6:30pm

5 days per week	\$596.00 per month
4 days per week	\$538.00 per month
3 days per week	\$456.00 per month
2 days per week	\$340.00 per month

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

Please Check Appropriate Program:

- | | |
|----------------------------------|------------------------------------|
| <input type="checkbox"/> Infant | <input type="checkbox"/> Preschool |
| <input type="checkbox"/> Toddler | <input type="checkbox"/> Pre-K |

If Part-Time, Please Check Appropriate Days:

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday | |

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

FEES

- Fees are paid by check or credit card to **Edgar Early Learning Center** by the 15th of the month prior (i.e. September payment will be due by August 15th). 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 \$20 late fee will be automatically applied after the 15th of the prior month.
- A 10% sibling discount will be applied to the combined payment of siblings enrolled in Half time programs.
- Tuition payments are non-refundable.

EZ PAY (optional)

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

Parent Signature _____ Date _____