



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 Infant

7:00am-6:30pm

- 5 days per week \$1,345.00 per month
- 4 days per week \$1,214.00 per month
- 3 days per week \$1,052.00 per month
- 2 days per week \$771.00 per month

Full Day Care Toddler

7:00am-6:30pm

- 5 days per week \$1,289.00 per month
- 4 days per week \$1,125.00 per month
- 3 days per week \$971.00 per month
- 2 days per week \$648.00 per month

Full Day Care Pre-School

7:00am-6:30pm

- 5 days per week \$1,051.00 per month
- 4 days per week \$919.00 per month
- 3 days per week \$788.00 per month
- 2 days per week \$575.00 per month

Full Day Care Pre-K

7:00am-6:30pm

- 5 days per week \$980.00 per month
- 4 days per week \$877.00 per month
- 3 days per week \$744.00 per month
- 2 days per week \$543.00 per month

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

Please Check Appropriate Program(s):

- Infant Pre-School
- Toddler Pre-Kindergarten

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

- Monday Tuesday Wednesday
- Thursday Friday

Parents are required to keep this information current by contacting Ken Shirk Child Care Center with changes.

Parent Signature _____ Date _____

FEES

- Fees are paid by check, cash, or credit card to Ken Shirk Child Care Center by the 15th of the month. Prior. (ie. September payment will be due by August 15th). Credit card draft is available. Cards are drafted on or after the 15th of the month.
- A \$20 late fee will be automatically applied after the 10th of the month.
- A 10% sibling discount will be applied to the combined payment of siblings enrolled in full time programs (SACC or Child Care)
- A 30 day written notice is necessary prior to withdrawal. The deposit will be applied to the last month's payment.
- Tuition payments are nonrefundable.

Parents Signature _____ Date _____

