



Half 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. **(2 names required by NJ State Law)**

Name _____

Day Phone(_____) Cell (_____) _____

Relationship to Child _____

Name _____

Day Phone(_____) Cell (_____) _____

Relationship to Child _____

Half Day Care Infant

8:30am-12:30pm

5 days per week \$849.00 per month

4 days per week \$758.00 per month

3 days per week \$649.00 per month

2 days per week \$477.00 per month

Half Day Care Toddler

8:30am-12:30pm

5 days per week \$781.00 per month

4 days per week \$682.00 per month

3 days per week \$583.00 per month

2 days per week \$395.00 per month

Half Day Care Pre-School

9:00—1:00

5 days per week \$630.00 per month

4 days per week \$549.00 per month

3 days per week \$474.00 per month

2 days per week \$346.00 per month

Half Day Care Pre-K

9:00—1:00

5 days per week \$589.00 per month

4 days per week \$529.00 per month

3 days per week \$448.00 per month

2 days per week \$334.00 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.

FEES

- Fees are paid by check, 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 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 (SACC or Child Care)
- 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** _____