



Full-Day Kindergarten Registration

Please Print Clearly:

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

Home Address _____

City _____ State _____ Zip _____

Parent #1 Name _____

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

(W) (____) _____ Email _____

Company _____ Job Title _____

Parent #2 Name _____

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

(W) (____) _____ Email _____

Company _____ Job Title _____

FEES EFFECTIVE 9/4/2018-6/21/2019

**Full-Day Kindergarten
 \$637.00/month**

Monday - Friday, 9:00am to 3:00pm

Before-Care Only - \$207.00/month

Monday - Friday, 7:00am to 9:00am

After-Care Only - \$276.00/month

Monday - Friday, 3:00pm to 6:30pm

**Before- & After-Care -
 \$377.00/month**

Monday - Friday, 7:00am to 9:00am

Monday - Friday, 3:00pm to 6:30pm

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. (Two names are required by NJ state law)

Person #1 Name _____

Day Phone (____) _____ Cell (____) _____

Relationship to Child _____

Person #2 Name _____

Day Phone (____) _____ Cell (____) _____

Relationship to Child _____

Please Check Appropriate Program(s):

- Full-Day Kindergarten
- Add Before-Care Only
- Add After-Care Only
- Add Before- & After-Care

Parents must keep this information current by contacting Edgar Early Learning Center with any changes.

FEES

- Fees are paid by check, credit card, or cash to **Edgar Early Learning Center** by the 15th of the month prior (e.g. September payment is due by August 15th). Automatic credit card or bank draft is also available. Please see the office to set up automatic draft.
- A 10% sibling discount will be applied to siblings enrolled in full-time programs.
- Tuition payments are non-refundable.
- A **50% deposit** will be collected at the time of registration.
- If you are late to pick up your child, the following fee applies: \$20 for the first 10 minutes, then \$2 per minute thereafter.
- **DISCLAIMER: If the Kindergarten class does not have high enough enrollment by May 31, 2018 the class may be canceled, and your deposit will be refunded.**

EZ PAY:

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

Parent Signature _____ **Date** _____