



## Half Day 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 \$900.00 per month  
 4 days per week \$805.00 per month  
 3 days per week \$685.00 per month  
 2 days per week \$505.00 per month

**Half Day Care Toddler**

8:30am-12:30pm

5 days per week \$830.00 per month  
 4 days per week \$720.00 per month  
 3 days per week \$620.00 per month  
 2 days per week \$420.00 per month

**Half Day Care Pre-School**

8:30am-12:30pm

5 days per week \$670.00 per month  
 4 days per week \$580.00 per month  
 3 days per week \$505.00 per month  
 2 days per week \$365.00 per month

**Half Day Care Pre-K**

8:30am-12:30pm

5 days per week \$625.00 per month  
 4 days per week \$560.00 per month  
 3 days per week \$475.00 per month  
 2 days per week \$355.00 per month

FEES EFFECTIVE 1/1/2019-12/31/2019

**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 Learning Center with changes.**

**FEES**

- Fees are paid by check, or credit card to **Ken Shirk 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 the combined payment of 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 \_\_\_\_\_