



# Part 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 \_\_\_\_\_

**Half Day Care Infant**

8:00am-12:00pm

5 days per week \$930.00 per month

4 days per week \$810.00 per month

3 days per week \$695.00 per month

2 days per week \$515.00 per month

**Half Day Care Toddler**

8:00am-12:00pm

5 days per week \$830.00 per month

4 days per week \$730.00 per month

3 days per week \$625.00 per month

2 days per week \$425.00 per month

**Part Day Care Preschool**

9:00am-3:00pm

5 days per week \$845.00 per month

4 days per week \$740.00 per month

3 days per week \$635.00 per month

2 days per week \$465.00 per month

**Part Day Care Pre-K**

9:00am-3:00pm

5 days per week \$800.00 per month

4 days per week \$705.00 per month

3 days per week \$600.00 per month

2 days per week \$440.00 per month

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

**Please Check Appropriate Program(s):**

- Infant  Preschool  
 Toddler  Pre-K

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

- Monday  Tuesday  Wednesday  
 Thursday  Friday

**Parents are required to keep this information current by contacting the center director with changes.**

**FEES**

- Fees are paid by check, cash, or credit card to **Edison Y Early Learning** 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 or after the 15th of the month prior.
- A \$20 late fee will be automatically applied after the 15th of the month.
- A 10% sibling discount will be applied to the combined payment of siblings enrolled in full time programs (Child Care).
- 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 \_\_\_\_\_