



## Full Day Child Care Registration Form

**Please Print Clearly:**

Child's Name \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_M\_\_\_F

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent #1 Name \_\_\_\_\_

Phone Number (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

(W) (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

Parent #2 Name \_\_\_\_\_

Phone Number (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

(W) (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Company Name \_\_\_\_\_ Job Title \_\_\_\_\_

**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.

Emergency Contact #1 Name \_\_\_\_\_

Phone Number (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Emergency Contact #2 Name \_\_\_\_\_

Phone Number (H) (\_\_\_\_) \_\_\_\_\_ (C) (\_\_\_\_) \_\_\_\_\_

Relationship to Child \_\_\_\_\_

**Full Day Care Infant**

8:00am-5:00pm

5 days per week \$330.00 per week  
 3 days per week \$255.00 per week  
 2 days per week \$190.00 per week

**Full Day Care Toddler**

8:00am-5:00pm

5 days per week \$310.00 per week  
 3 days per week \$235.00 per week  
 2 days per week \$160.00 per week

**Full Day Care Preschool**

8:00am-5:00pm

5 days per week \$270.00 per week  
 3 days per week \$200.00 per week  
 2 days per week \$145.00 per week

**Full Day Care Pre-K**

8:00am-5:00pm

5 days per week \$260.00 per week  
 3 days per week \$190.00 per week  
 2 days per week \$140.00 per week

**(FEES EFFECTIVE AS OF 6/21/2020)**

Please Check Appropriate Program:

- Infant                       Toddler  
 Preschool                       Pre-K

If Part-Time, Please Check Appropriate Days:

- 2 days (Tuesday/Thursday)  
 3 days (Monday/Wednesday/Friday)

**Parents are required to keep this information current by contacting Our Savior's Learning Center with any changes.**

**FEES**

- Fees are paid by check or credit card to **Our Savior's Learning Center** by the Monday of the week prior (i.e. week of July 13th payment will be due by July 6th). Credit card draft is available. Cards are drafted on the Monday of the week prior. Please contact the office to set up automatic credit card draft.
- Payments made after the Monday of the week prior may be subject to a \$20.00 late fee.
- A 10% sibling discount will be applied to the combined payment of siblings enrolled in only full time programs.
- I understand that **no** fee allowances are made for occasional absences, vacations, or emergency closings. Your weekly tuition fee is based on a yearly tuition rate that takes into consideration all closure days.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**EZ PAY (optional)**

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