



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	\$874.00 per month
4 days per week	\$781.00 per month
3 days per week	\$668.00 per month
2 days per week	\$491.00 per month

Half Day Care Toddler

8:30am-12:30pm

5 days per week	\$804.00 per month
4 days per week	\$702.00 per month
3 days per week	\$600.00 per month
2 days per week	\$407.00 per month

Half Day Care Pre-School

8:30am-12:30pm

5 days per week	\$649.00 per month
4 days per week	\$565.00 per month
3 days per week	\$488.00 per month
2 days per week	\$356.00 per month

Half Day Care Pre-K

8:30am-12:30pm

5 days per week	\$607.00 per month
4 days per week	\$545.00 per month
3 days per week	\$461.00 per month
2 days per week	\$344.00 per month

FEES EFFECTIVE 1/1/2018-12/31/2018

Please Check Appropriate Program(s):

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Infant | <input type="checkbox"/> Pre-School |
| <input type="checkbox"/> Toddler | <input type="checkbox"/> Pre-Kindergarten |

If Part-Time, Please Check Appropriate Days:

- | | | |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 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 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** _____