

Childcare Registration Form 2017

Child's Name _____ Birth Date _____

Street _____ City, State, Zip _____

Parent Responsible for Payment _____

Cell Phone () _____ Home Phone () _____

Business Phone () _____ Email _____

Best Number to use During Childcare Hours _____

Requested Childcare Schedule

Childcare fees are in addition to Preschool tuition.

Childcare Weekly Rate (6:30 am – 6:00 pm, 5 days/week)	Price
___ 3-5 year old	\$140/week
___ 2 year old (30-35 months)	\$155/week

Childcare Single Session Options	Price
___ Before School (6:30-9:00 am)	\$50/week
___ After School (12:00-6:00 pm)	\$95/week

Childcare Flexible Rate	Price
___ Any time (capacity-dependent)	\$5/hour

*must be enrolled in Community Preschool and Childcare

___ Registration Fee of \$60 will reserve your childcare enrollment.

Due to regulations regarding child-teacher ratios, space is limited.

Registration Fee Paid on _____ (date) _____ (amount)

A 10% discount will be given to families with two or more children enrolled.

Childcare fees are due on Monday for that week of care.

(over)

____ I understand that my child will need to bring a lunch and napping supplies when attending After School Care.

Hours of Operation – The Preschool calendar follows School City of Hammond’s academic calendar. **Our Childcare will follow a year-round calendar** that honors major holidays and one week off during Christmas. Preschool parents will have opportunities to adjust their childcare schedule for Preschool breaks.

Childcare Agreement

I agree to pay Community Preschool and Childcare for all scheduled hours requested, extended hours, and penalty charges, and at the current rates. Further, I agree to pay a registration fee, per child enrolled. I understand that failure to make regular payments will cause my child’s enrollment to be cancelled. I also understand that childcare weekly fees are in addition to preschool monthly tuition.

Date Signature of Parent/Guardian

Date Signature of Childcare Staff

