



Child Center Inc.

ENROLLMENT REGISTRATION FORM

1. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F
2. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F
3. Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M / F

Table with columns: Circle Attendance Days, From, To, Start Date, Weekly Fee. Rows for Child #1, #2, #3.

Total Weekly Tuition: \_\_\_\_\_

Parent/Guardian Information:

Name \_\_\_\_\_
Relationship to child \_\_\_\_\_
Address \_\_\_\_\_
Home Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_
Email \_\_\_\_\_
Company \_\_\_\_\_
Work Phone \_\_\_\_\_
Hours at Work \_\_\_\_\_ to \_\_\_\_\_

Name \_\_\_\_\_
Relationship to child \_\_\_\_\_
Address \_\_\_\_\_
Home Phone \_\_\_\_\_
Cell Phone \_\_\_\_\_
Email \_\_\_\_\_
Company \_\_\_\_\_
Work Phone \_\_\_\_\_
Hours at Work \_\_\_\_\_ to \_\_\_\_\_

By signing this form, you agree to the following:

Contract for the days/times indicated above with the understanding that your child will attend on a consistent basis. If you need to change your days/child care hours for any reason, you will notify the Director/Owner and sign a change of tuition form.

Pick your child up on time. If an emergency arises and you are unable to pick your child up on time, please make every effort to notify an emergency contact person and notify us as well. 5 minutes after your center's closing time, a late fee will be enforced at the rate of \$1/minute.

Pay a non-refundable registration fee of \$85 at time of enrollment. Grant permission for Tuition Express to withdraw weekly payments from checking or savings account or from you MasterCard, Visa, or Discover credit/debit card account. A \$35 fee will be enforced if tuition payment cannot be processed for insufficient funds. If your account is overdue for two weeks or more, your child may be terminated from our center.

Termination procedure: Enrollment may be terminated by a parent or guardian that established enrollment. The parent/ guardian must submit a two-week written notice to the director. The form is available at the center. The parent/ guardian will be responsible for tuition for the entire two-week period, regardless if the child attends our program or not.

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

Date \_\_\_\_\_

123 GROW USE ONLY (Circle) Athol Hubbardston Barre Leominster Worcester Fitchburg Gardner
Registration: Cash / Check Check # Amount: \$\_\_\_\_\_
Voucher Confirmation of Provider completed: \_\_\_\_\_
Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_