



Before & After School Care (K-5th Grade or 12 Years) 2018-2019 Registration Form

Please complete and turn into the CLC in person, by fax (269-492-0909) or by email.

Child's Information

Child's Name: _____ Today's Date: _____ Start Date: _____
Child's Birth Date: _____ Age: _____ Gender:
School Child Attends: _____ Grade: _____
Special Considerations (health, allergies, developmental, etc.): _____

Parent/Guardian Information

Parent/Guardian #1: _____	Parent/Guardian #2: _____
Address: _____	Address: _____
City: _____ St.: _____ Zip: _____	City: _____ St.: _____ Zip: _____
Primary Phone Number: _____	Primary Phone Number: _____
Secondary Phone Number: _____	Secondary Phone Number: _____
Email: _____	Email: _____

Billing Address (select one): Parent/Guardian #1 Parent/Guardian #2 Both Other: _____

Tuition & Billing Information

Bills for bi-weekly tuition will either be handed out or mailed to parent(s) every two (2) weeks. Invoice balances are due within 15 days of receipt, as represented on the billing statement. Families may pay on a weekly basis.

Multiple child and military discounts are available. Scholarships are available upon request. DHS clients are responsible for monthly co-pay. Tuition rates are subject to change. You will be notified of any changes. Please see the Family Handbook for additional information.

Before and After Care is charged on an hourly basis. Before and After Care rates are \$4.40 per hour.

A non-refundable registration fee of \$75.00 is required at the time of application. This fee will be applied to your child's tuition.

Hours of Operation & Schedule Request

The CLC operates year-round, with differing school year and summer hours as follows:

September - Mid June 6:30 am - 6:00 pm
 Mid-June - September 7:00 am - 6:00 pm

Please indicate the days and times you would like your child enrolled. Schedule changes can be requested by filling out a change of billing form available at reception or contacting the Director at (269) 345-7243.

Drop off Time:			Pick up Time:	
Monday:	In at	<input type="text"/>	Out at	<input type="text"/>
Tuesday:	In at	<input type="text"/>	Out at	<input type="text"/>
Wednesday:	In at	<input type="text"/>	Out at	<input type="text"/>
Thursday:	In at	<input type="text"/>	Out at	<input type="text"/>
Friday:	In at	<input type="text"/>	Out at	<input type="text"/>

Parent/Guardian Agreement

I hereby enroll my child in the CLC's Before and After Care and agree to pay the tuition indicated above for the schedule I have chosen for my child. I agree to read the CLC Parent Handbook in its entirety and abide by the policies, requirements and procedures stated therein. I further assert that my child is in good health and accept responsibility for my child's health.

 Parent/Guardian #1 Name (Print)

 Parent/Guardian #1 Name (Signature)

 Date

 Parent/Guardian #2 Name (Print)

 Parent/Guardian #2 Name (Signature)

 Date

FOR OFFICE USE ONLY				
<input type="checkbox"/> Registration Fee Paid	<input type="checkbox"/> DHS Authorized	<input type="checkbox"/> Applied for DHS	<input type="checkbox"/> Family Handbook Given	<input type="checkbox"/> Sibling Discount
<input type="checkbox"/> Military Discount	<input type="checkbox"/> Employee Discount	<input type="checkbox"/> Scholarship %	<input type="checkbox"/> Family Handbook Signature Page Rec	<input type="checkbox"/> Added to Count