



Infant Care (6 Weeks - 18 Months Old) 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:

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.

A non-refundable registration fee of \$75.00 is required at the time of application. This fee will not include any discount or grant that you may qualify for.

Infant Care 6 wks-18 months	2 Half Days	2 Full Days	3 Half Days	3 Full Days	4 Half Days	4 Full Days	5 Half Days	5 Full Days
Weekly Tuition	\$88	\$134	\$106	\$161	\$128	\$193	\$154	\$234

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 by child in the CLC's Infant 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"/> Applied for DHS	<input type="checkbox"/> DHS Authorized	<input type="checkbox"/> Family Handbook Given	<input type="checkbox"/> Sibling Discount
<input type="checkbox"/> Military Discount	<input type="checkbox"/> Scholarship %	<input type="checkbox"/> Employee Discount	<input type="checkbox"/> Family Handbook Signature Page Rec	<input type="checkbox"/> Added to Count