	Ck/Rcpt #:						F	RIMAR	Y PROGRAM	
Chil	d's name:					Birth d	ate:/	/ Cur	rent age:	
Add	lress:	City:				State		:Zip code:		
Languages child speaks:						Will your 3-4 year old nap at school? □Yes □No				
Has your child ever had an IEP, ER, 504 plan or been ever										
	, and a second second	, , ,	-			CHEDUI		, - , ,		
	Please check	the schedul				_	r in the 2024-2025 s	school year:		
Ø	Half Day (AM only)	Hourly	10 Monthly		Ø		Full Day	Hourly	10 Monthly	
	8:45 to 11:45 AM	Rate	Payme	nts of:		8:45 A	AM to 3:45 PM	Rate	Payments of:	
	2 Days AM (T/Th)	\$15.68	\$34	48		2 Full Days (T/Th)		\$13.18	\$683	
	3 Days AM (M/W/F)	\$15.68	\$49	98		3 Full Days (M/W/F)		\$13.18	\$978	
	5 Days AM (M-F)	\$11.32	\$611			5 Full Da	ys (M-F)	\$10.08	\$1,270	
Ø	Half Day (PM only)	Hourly	10 Mo	_			ith some PM	Hourly	10 Monthly	
	12:45 to 3:45 PM	Rate	Payme		1	8:45 to 11:45/3:45		Rate	Payments of:	
	2 Days PM (T/Th)	\$11.32	\$25			1	2 PM (M/ <u>T</u> /W/ <u>Th</u> /F)		\$946	
_	3 Days PM (M/W/F)	\$11.32	\$36				3 PM (<u>M</u> /T/ <u>W</u> /Th/ <u>F</u>)		\$1,090	
5 Days PM (M-F) \$10.08 \$544						PLEASE NOTE: A child must be enrolled in five-half days or any full day schedule to reach the educational hours required for a kindergarten year.				
			EVTENI	DED DA				rs requirea jor	a kinaergarten year.	
EXTENDED DAYCARE HOURS Please check the extended daycare hours you wish to register your child for in the 2024-2025 school year:										
									ly Payments of:	
2 Day AM Daycare (T/Th)						\$16.25		\$120.25		
3 Day AM Daycare (M/W/F)							\$16.25	\$172.25		
5 Day AM Daycare (M/T/W/Th/F)							\$16.25	\$292.50		
Ø	☑ After School PM Daycare 3:45 to 5:00 PM List pi					ck-up time Rate Per Day		10 Monthly Payments of:		
2 Day PM Daycare (T/Th)							\$16.25	\$120.25		
3 Day PM Daycare (M/W/F)						\$16.25	\$172.25			
5 Day PM Daycare (M/T/W/Th/F)				\$16.25			\$292.50			
		DADENT	'/CIIADI	DIAN C	ΛN	TACT IN	FORMATION			
PARENT/GUARDIAN CO Parent/Guardian #1										
(Paperwork & questions will be directed to this person first)					Parent/Guardian #2					
Name:					Name:					
Relationship to child:					Relationship to child:					
Email: Phone:						Email:Phone:				
					Ac	Address: 🗖				
					City:State:Zip:					
iition divid ised o ition e ord	fees will not be reduced due to e the total due into 10 monthly on a 180-day school year starting fees based on the number of day er of receipt. Unpaid and/or intratios. When these classes are	absence, illno installments g 08/27/24 a ys remaining complete for full, we begin	ess, vacations. These inst nd ending 0 in the schoo ms will not a waitlist p	a, or holiday tallments a 6/05/25. S ol year. Regi be process opulated ir	ys. To re no tude istra sed. (n the	o charge eque ot based on ents starting tions are recursory and to the contract of the contrac	al amounts, we calculadays in a calendar moor adding hours after corded and processed and daycare enrollments and fees are received	ate the total da onth. Tuition r 08/27/24 will on a first come t is limited by	ays in the school year rates listed above are l be charged prorated e, first served basis in	
PARENT/GUARDIAN CONFIRMATION SIGNATURE Please sign below indicating that you have read & agree to all registration information, policies & fees.										
Parent/Guardian Signature:									_//	
Please submit completed form with a \$50.00 non-refundable registration fee payment (checks can be made payable to "MCDS").										

Rec'd