CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EARLY CHILDHOOD \_\_\_\_ELEMENTARY \_\_\_

BIRTHDATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIDDLE SCHOOL \_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Indicate change of plan choice and start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Plan A \_\_\_\_\_\_ Plan B \_\_\_\_\_ Plan C \_\_\_\_\_ Plan D \_\_\_\_\_\_ Plan E \_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Plan** | **Plan Type/Days and Times** | **Annual Fee** | **Monthly Fee** | **Hourly Rate** |
| **A** | **Before Care Monday- Friday 7:45 – 8:15 am** | **$1,250** | **$138** | **N/A** |
| **B** | **Early Childhood Full Time Monday - Friday**  **11:30 - 5:30** | **$6,870** | **$763** | **N/A** |
| **C** | **Early Childhood Part Time Monday- Friday**  **11:30 - 3:00** | **$3,830** | **$425** | **N/A** |
| **D** | **Kindergarten and Elementary After Care Monday - Friday**  **3:00 - 5:30** | **$3,160** | **$350** | **N/A** |
| **E** | **Customized Annual Plan**  ***(Reoccurring Weekly Hours for Academic year)*** | **Plan fees: (Annual fees are calculated based on $8.00 per hour/per student)** | | |

**If enrolling in Plan E – List the reoccurring hours you are requesting for your Customized Annual Plan**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Plan E** | **Student’s Name** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **Reoccurring Hours** |  |  |  |  |  |  |
| **Reoccurring Hours** |  |  |  |  |  |  |
| **Reoccurring Hours** |  |  |  |  |  |  |

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Use Only: Received \_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_ Amount: \_\_\_\_\_\_\_\_