

SCHOOL AGE

Registration



SUMMER SESSION

June—August

CHILD AND FAMILY INFORMATION

Child's name: _____ Male Female

Date of birth: _____

Shirt Size (please circle) YOUTH S (7-8) , M (10-12), L (14-16), XL (18) ADULT S, M, L

Race: Caucasian African-American Asian/Pacific
 Hispanic American Indian/Alaskan Native Multi-racial

Child's grade level JUST COMPLETED : K 1 2 3 4 5

School child attends: _____

Start Date: _____ *The completed enrollment packet is due 2 business days before start date.*

Parent's name(s): _____

Phone number: _____ Email: _____

Church: Attend Grace Baptist Church Attend other church Do not attend church

Does child have an IEP or 504 plan in place? Yes No

Has child previously had childcare experience? Yes No

If yes, please list when and where _____

Has child ever been asked to leave or dismissed from a program? Yes No

ENROLLMENT CHOICES

Summer Program

4-5 days a week

2-3 days a week—circle days requested: M T W Th F

FEES ARE DUE AT REGISTRATION

Registration: \$30.00 per child

Deposit 1st week tuition: Only if a new student or not enrolled year-round. See the **ELC Financial Information & Policies** for tuition amount.

Activity fee: \$175.00 per child

Refund Policy: Registration and the deposit of first week of tuition are **not refundable**. Activity fees are refundable if withdrawn 2 weeks before session begins.

Tuition Express is used for payments. Tuition is deducted from a bank account or credit/debit card account every Friday morning. Completed form is required to be on file prior to child's attendance. See the Parent Handbook for details.

*Please review the **ELC Financial Information & Policies** on our website (www.elc.mcseagles.net) for complete information on tuition, fees, drop-in days, and so on.

	Pick-up Time	Late fees* are added beginning at
All day	6:00 p.m.	6:01 p.m.

I have received a copy of the **ELC Financial Information & Policies**.
I understand and will abide by it.

Parent/Guardian Signature: _____ **Date:** _____

OFFICE USE ONLY

Date received: _____ Child's start date: _____

Billing start date: _____ Employee's signature: _____