

ALL DAY PROGRAMS
REGISTRATION FORM
FALL/SPRING 2017-2018



9111 Haverstick Road
Indianapolis, IN 46240
O: 317/575-6508
F: 317/575-6509
Golove.org/ecc

Neighborhood Programs

August 14, 2017 – May 25, 2018

6:30 A.M. – 6:00 P.M.

CHILD INFORMATION

Name: _____

Birthdate: _____

Gender: M F

Mother's Name: _____

Father's Name: _____

Siblings Attending: _____

CONTACT INFORMATION

Address: _____

Phone Numbers:

(Mom) _____

(Dad) _____

(Addit) _____

Preferred Email: _____

| | REG/SUP FEE | ACT FEE | TUITION |
|--|------------------------|----------------------|--------------------------------|
| <p>TODDLER CLASS (16-23 months by 9/1/17, walking & eating finger foods) Please Circle M T W Th F Full Time</p> | <p>\$80 \$80</p> | <p>\$30 \$30</p> | <p>\$51/day \$205/week</p> |
| <p>2's & 2's/3's CLASS (2 years by 9/1/17, final class placement determined by office.) Please Circle M T W Th F Full Time</p> | <p>\$80 \$80</p> | <p>\$40 \$40</p> | <p>\$49/day \$195/week</p> |
| <p>3's & 4's CLASS (3 years by 9/1/17, potty trained) Please Circle M T W Th F Full Time</p> | <p>\$80 \$80</p> | <p>\$50 \$50</p> | <p>\$46/day \$185/week</p> |
| <p>4's & 5's CLASS (4 years by 9/1/17) Please Circle M T W Th F Full Time</p> | <p>\$100 \$100</p> | <p>\$50 \$50</p> | <p>\$46/day \$185/week</p> |

OFFICE USE:

Received By: _____

Reg/Sup Fee Paid: (Amount) \$ _____, (Date) ____/____/____ Check/Cash/Web

Weekly Tuition: \$ _____

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CONTRACTUAL AGREEMENT

Please read the following carefully regarding your child's school account and payment responsibilities.

By signing this form (below), I agree to the following plan for my child's tuition and fees to secure my child's spot for Summer:

1. **SUMMER DEPOSIT FEE DUE** with this form, and is non-refundable.
The deposit will be deducted from your first week's tuition.
2. **REGULAR TUITION PAYMENT DUE** by Wednesday each week beginning 8/16/17.
Any tuition fee received after Wednesday each week will incur a \$10 late fee,
Any returned payment will incur a \$20 Returned Payment Fee.
3. Registration and Prepayment fees cannot be accepted if my school account is not current.
4. For every minute past 6:00p.m. that I am late picking up my child, I will incur a \$1 charge.
5. I agree to giving at least two week's written notice to the office prior to withdrawing my child from ECC. If less than 2 weeks notice is given, I will be responsible for paying those week's tuition fees.
6. If my account falls in in arrears, ECC will issue three warnings and then have the right to immediately end this agreement and pursue collections.
7. The center operates solely on the tuition fees of our families to meet our expenses. If you are continuing ECC in the Fall, note that the center is closed 8/7 - 8/11 and parents are NOT expected to pay tuition for this week.
8. Full Time Families will be allowed (1) "Tuition Free Week" per school calendar year (August - July). Daily Families will be allowed the equivalent number of days they are registered to attend as their "Tuition Free Days." To redeem these Free Days/Weeks, the office must be notified in writing in advance of the days being used. Families first joining in Summer will not have any free days/weeks until the start of the Fall Semester.
9. Tuition Fees are subject to change at the discretion of the center. Parents will be given two weeks notice prior to the change in fees. Such notice will be deemed to be given when (1) notice sent home with child, or (2) two days after emailing or sending by U.S. Postal Mail service to the custodial parent at the address listed above. In families where divorce is present or occurs during the school year, the school will require a copy of the custody settlement agreement to have on file. The school will expect payment from the custodial parent (signed below).
10. If families have more than one child attending the Neighborhood Program, the oldest child will receive 10% off tuition cost.
11. The person signing below is entering into this contract with the Early Childhood Center and becomes responsible for any and all fees incurred by the child participating in this program.

Parent Responsible for this Contract

Parent Name (Print): _____

Parent Signature: _____ Date: ___/___/___