

Battle Creek Christian Early Learning Center  
**CHILD ENROLLMENT FORM**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ MALE / FEMALE

Program my child will be enrolled in:

<p><b>Infant</b> (birth-12 months)  <input type="checkbox"/> Full day (\$40.50/day)</p> <p><b>Toddler</b> (13-36 months)  <input type="checkbox"/> Full day (\$38/day)</p>	<p><b>Preschool</b> (3-5 years)  <input type="checkbox"/> Full day (\$35/day)  <input type="checkbox"/> Half day (\$19.50/day)                  (Half day = less than 5 hrs)                  Note: Extra full day \$40 Extra half day \$22</p> <p><b>GSRP</b> (Monday-Thursday 8-3 / Sept.-May)  <input type="checkbox"/> Bible time 3-3:20 (FREE)  <input type="checkbox"/> Before class (\$5.50)  <input type="checkbox"/> After class (\$9.50)  <input type="checkbox"/> Friday (\$30)  <input type="checkbox"/> As Needed Care                  (After class \$12; Before class \$8.50; Full day \$35)                  *GSRP is for qualifying children only.</p>	<p><b>School Age</b> (kindergarten-12 years)  <input type="checkbox"/> Before school (\$5.50)  <input type="checkbox"/> After school (\$9.50)  <input type="checkbox"/> Before &amp; after school (\$70/week)  <input type="checkbox"/> Summer Program  <input type="checkbox"/> Full day (\$30/day)  <input type="checkbox"/> Half day (\$19.50)                  (Half day = less than 5 hrs)  <input type="checkbox"/> As needed (back-up, breaks, etc.)</p> <p>Rates for as needed:                  Before school \$8.50                  After school \$12                  Full day \$35/day                  Half day \$22/day (less than 5 hrs)</p> <p>School attending: _____</p>
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Registration fee \$50 per family (\$25 annually-Billed Oct. 1)      Deposit = One week tuition (applied to last week of care)

Key fobs needed:

1 (included w/registration)     2 (\$10)     other amount (indicate how many needed/\$10 each)

My child's first day will be: \_\_\_\_\_

My child will attend the following days:

	Monday	Tuesday	Wednesday	Thursday	Friday
Approximate Arrival Time					
Approximate Departure Time					

All schedule changes must be approved by the office staff in advance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*\*\*OFFICE USE ONLY\*\*\*

	Registration Fee		Child Info Card		Brightwheel Set-up/Kid Reports		Fingerprint / Bypass Registration
	Deposit		Consent/Release		COR (Infant/toddler/preschool)		Health Appraisal (Infant/toddler/preschool)
	Contract		CACFP Claiming Tier: _____		Procure Registration		Immunizations (Infant/toddler/preschool)
	Fob Issued	Fob numbers:			Email List		Statement of Good Health (School Age Only)

Classroom assigned to: