

**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)</p> <p><input type="checkbox"/> 5 days (\$202.50)</p> <p><input type="checkbox"/> 4 days (\$170)</p> <p><input type="checkbox"/> 3 days (\$133.50)</p> <p><input type="checkbox"/> 2 days (\$93)</p> <p><input type="checkbox"/> 1 day (\$48)</p> <p><b>Toddler</b> (13-36 months)</p> <p><input type="checkbox"/> 5 days (\$190)</p> <p><input type="checkbox"/> 4 days (\$160)</p> <p><input type="checkbox"/> 3 days (\$126)</p> <p><input type="checkbox"/> 2 days (\$88)</p> <p><input type="checkbox"/> 1 day (\$46)</p>	<p><b>Preschool</b> (3-5 years)</p> <p><input type="checkbox"/> 5 full days (\$175)</p> <p><input type="checkbox"/> 4 full days (\$148)</p> <p><input type="checkbox"/> 3 full days (\$117)</p> <p><input type="checkbox"/> 2 full days (\$82)</p> <p><input type="checkbox"/> 1 full day (\$43)</p> <p>-----</p> <p><input type="checkbox"/> 5 half days (\$97.50)</p> <p><input type="checkbox"/> 4 half days (\$86)</p> <p><input type="checkbox"/> 3 half days (\$70.50)</p> <p><input type="checkbox"/> 2 half days (\$51)</p> <p><input type="checkbox"/> 1 half day (\$27.50)</p> <p>(Half day = less than 5 hrs)</p> <p><b>GSRP</b> (Monday-Thursday 8-3 / Sept.-May)</p> <p><input type="checkbox"/> Bible time 3-3:20 (FREE)</p> <p><input type="checkbox"/> Before class (\$8/day)</p> <p><input type="checkbox"/> After class (\$10/day)</p> <p><input type="checkbox"/> Friday (\$30)</p> <p><input type="checkbox"/> As Needed Care</p> <p>(After class \$12; Before class \$10; Full day \$35)</p> <p>*GSRP is for qualifying children only.</p>	<p><b>School Age</b> (kindergarten-12 years)</p> <p><input type="checkbox"/> Before school (\$8/day)</p> <p><input type="checkbox"/> After school (\$10/day)</p> <p><input type="checkbox"/> Before &amp; after school (\$85/week)</p> <p>For those signed up for before and/or after school: Full day rate: \$30/day Half day rate: \$19.50 (for no school days &amp; delays)</p> <p><input type="checkbox"/> As needed (back-up, breaks, etc.)</p> <p>Rates for as needed:</p> <p>Before school \$10</p> <p>After school \$12</p> <p>Full day \$35/day</p> <p>Half day \$22/day (less than 5 hrs)</p> <p>School attending: _____</p> <p>Grade: _____</p>
--	---	---

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)
DHS	YES / NO	Scholarship	YES / NO		Email List		Statement of Good Health (School Age Only)
Classroom assigned to:					Fob Issued    Fob numbers:		