

# Children First Enterprises

## Pre-School Program 2018-2019

### APPLICATION FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_ Requested Start date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) \_\_\_\_\_  
Name cell phone work phone e-mail - required

Parent/Guardian: \_\_\_\_\_ ( \_\_\_\_\_ ) ( \_\_\_\_\_ ) \_\_\_\_\_  
Name cell phone work phone e-mail - required

***The Children First Center, open M-F, 6:30 AM to 6:00 PM, year round (excluding posted holidays).***

**Full Day Slot = 6 or more hours (\$46.75/day)**

**Half-Day Slot = fewer than 6 hours a day *either before or after 12 noon* (\$29.00/day) – PM slots at center discretion**

**For staffing purposes, indicate the APPROXIMATE daily drop-off and pick-up times for your child:**

	Monday	Tuesday	Wednesday	Thursday	Friday
From:					
To:					

- I understand that I may arrange for up to 4 weeks of unpaid vacation (based on a 12 month contract; prorated for shorter contracts) between 9/2018 & 8/2019 as long as the specific dates are provided in writing on the required form at least 2 weeks in advance and agreed to by *Children First*. During this contract year, I/we plan to take \_\_\_\_\_ (0-4) weeks of vacation. **Pink Vacation Request Forms may be obtained in the vestibule of the Center.**  
*If you already know what weeks you are taking off for vacations, please state below:*  
 \_\_\_\_\_

- Any days not accounted for above will be billed separately. Tuition is due regardless of absences, holidays, or closures.

**I intend to pay:**  weekly     monthly     quarterly     semi-annually     annually  
**I intend to pay by**  check     money order     automatic withdrawal from my bank account

*Your contract will be figured using the above information. Each family is entitled to one contract change per year, free of charge. A \$25.00 fee will be charged for each subsequent change.*

Please sign and return this application form along with your **annual family registration fee of \$75.00** (which covers from September to August). Child care cannot begin until a signed contract has been returned, deposit and first payment have been made, and all enrollment paperwork has been completed/updated.

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

\_\_\_\_\_  
Date

**THIS INSTITUTION IS AN EQUAL OPPORTUNITY EMPLOYER AND PROVIDER.**

**FINANCIAL AID MAY BE AVAILABLE (A family must be on the current State Voucher Waiting List in order to be considered eligible.)**  
 Please check here if you request a financial aid form: \_\_\_\_\_

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FOR OFFICE USE ONLY: Date Received: \_\_\_\_\_ Reg. fee: \_\_\_\_\_ Check #: \_\_\_\_\_  
 DD Email: \_\_\_\_\_ HC Email: \_\_\_\_\_  
 FILL IN DATES - Procare: \_\_\_\_\_ PDF: \_\_\_\_\_ Contract: \_\_\_\_\_ Excel Spreadsheet: \_\_\_\_\_ Emailed: \_\_\_\_\_  
 EPacket received/checked \_\_\_\_\_ EPacket filed: \_\_\_\_\_ Emergency Card copied/filed: \_\_\_\_\_ Allergy List: \_\_\_\_\_