

Children First Enterprises

School Age Program 2019-2020 Academic Year

APPLICATION FORM

Child's Name: _____ Date of Birth: _____ Grade: ____ School: _____
 Address: _____ Home Phone: _____
 Parent/Guardian: _____ (_____) (_____) _____

	Name	cell phone	work phone	e-mail
Parent/Guardian: _____	(_____)	(_____)	(_____)	_____
_____	Name	cell phone	work phone	e-mail

Child's Start Date (if other than first day of public school): _____ End Date (if other than last day of public school): _____
 (Contract runs through last day of public school; summer contracted separately.) Will need summer program: Yes No Unsure

• **Before School Slot (\$9.00/day – all grades at Children First, Pleasant St.)** Please provide child's approximate arrival time (no earlier than 6:30 AM):
 Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ NA _____

• **After School Slot (\$18.00/day – all grades at Children First, Pleasant St.)** Please provide approximate departure time (no later than 6:00 PM):
 Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ NA _____

• **Half Days, Curriculum Days, Vacation Days – Additional Cost (\$42.00/full day; \$25.75/half day).** ALL care at Children First, Pleasant St. ****PLEASE NOTE:** These days are based on the public school calendar which is subject to change. Our calendar will adjust to conform to Granby's public school calendar. Paid holidays are not listed below but will be included in contract.

___ Sept.3 (K only)	___ Sept.4 (K only)	___ Sept.5 (K only)	___ Sept.6 (K only)	___ Oct. 11 (1/2 day)
___ Nov. 12 (1/2 day)	___ Nov. 13 (1/2 day)	___ Nov. 14 (1/2 day)	___ Nov. 27 (1/2 Day)	___ Feb. 14 (1/2 day)
___ Mar. 25 (1/2 day)	___ Mar. 26 (1/2 day)	___ Apr. 17 (1/2 Day)	___ May 22 (1/2 Day)	___ June 12 (1/2 Day)
___ December Vacation		___ February Vacation	___ April Vacation	Adjusted for Snow Days
(fill in # of days: 12/23, 24, 26, 27, 30, 31)		(fill in # of days: 2/18, 19, 20, 21)		(fill in # of days: 4/21, 22, 23, 24)
Circle Dates Needed		Circle Dates Needed		Circle Dates Needed

• **Extended Morning Care (for public school delayed openings) (additional \$4.00- 1 hr delay; \$8.00 – 2 hr delay).** This service is available to ALL registered participants regardless of regular schedule. Call to request care for students not pre-contracted for that day.

É I understand that I may arrange for up to 2 weeks (not individual days) of unpaid vacation (between 9/ø19 & 6/ø20) provided that the specific dates are provided in writing with 2 week's notice and agreed to by *Children First*.

É I understand that I will pay for the **basic slot price** for each day designated above, regardless of curriculum/school vacation days, snow days, delayed openings, holidays, absences, or family vacation days not agreed to per the above.

É Any service usage not accounted for above (extra care days, snow day attendance, early dismissals, delayed openings, etc) will be billed separately and charged the applicable fee.

É Your contract will end on the last day of public school (unless otherwise noted above). Payments will be calculated using the total annual tuition (not simply weekly or monthly use) and divided into equal payments. Summer is contracted separately.

I intend to pay: weekly monthly quarterly (three payments during academic year contract – adjusted for the end of the public school calendar) semi-annually (two payments during academic year contract – adjusted for the end of the public school calendar) annually (one payment during academic year contract – adjusted for the end of the public school calendar)

I intend to pay by: check money order automatic withdrawal from my bank account

Please sign and return this application form along with your **annual family registration fee of \$75.00** (which covers from September 1st to August 31st). Care cannot begin until a signed contract has been returned, all enrollment paperwork has been completed, and registration and first payment have been made.

Parent/Guardian Signature

Date

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.

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: _____

This institution is an equal opportunity employer and provider

FOR OFFICE USE ONLY: Date & Time Received: _____ Reg. fee: _____ Check #: _____ DD Email: _____ HC Email: _____ BLB Email: _____

Procure: _____ PDF: _____ Contract: _____ Excel Spreadsheet: _____ Emailed: _____ Master list: _____