

SADDLEBACK CHILDRENS CENTER

FALL REGISTRATION FORM 2009-2010

September through June

Please check the program of your choice:

FULL DAY PROGRAM 7:00a.m.– 5:45p.m. (Includes preschool)

- 2 DAY CARE** (T & Th) (\$435/Month) **3 DAY CARE** (M,W,F) (\$595/Month) **5 DAY CARE** (M-F) (\$810/Month)

EXTENDED DAY PROGRAM 8:45a.m. – 1:00p.m. (Includes preschool)

- 2 DAY** (T & Th) (\$355/Month) **3 DAY** (M,W,F) (\$470/Month) **5 DAY** (M-F) (\$695/Month)

HALF DAY PROGRAMS

MORNING PRE-SCHOOL PROGRAM 8:45a.m. – 11:30a.m.

- 2 DAY** (T & Th) (\$250/Month) **3 DAY** (M,W, F) (\$350/Month) **5 DAY** (M-F) (\$485/Month)

AFTERNOON PRE-SCHOOL PROGRAM 12:30p.m. – 3:15p.m. (pre-k only)

- 3 DAY** (T, W, TH) (\$245/Month)

AVAILABLE ON A LIMITED BASIS:

Lunch Bunch 11:30 – 12:30 Daily – for an additional \$8.00/hr.

****ANNUAL TUITION IS DIVIDED INTO 10 EQUAL MONTHLY PAYMENTS****

FULL DAY FINANCIAL POLICIES

- A non-refundable registration fee of \$100 for new students and \$75 for returning students.
- A non-refundable advance tuition of 2 weeks is due and payable upon registration; to be kept in reserve and used towards your final payment.

HALF DAY FINANCIAL POLICIES

- A non-refundable registration fee of \$100 for new students and \$75 for returning students.
- A non-refundable advance tuition of one month is due and payable upon registration; to be kept in reserve and used towards your final payment.

FINANCIAL POLICIES

- A 30 day notice is required before your child is withdrawn or there is a one month charge.
- Annual tuition is divided into 10 equal monthly payments September ~ June.
- Tuition is due and payable on the 1st of every month. It is considered late after the 10th of that month.
- Holidays **are not** prorated; your tuition is based on the school year.
- There is a \$10 charge for late payments. There is a \$20 charge for all returned checks.
- To discourage late pick-up, additional fees will be charged. Please refer to your handbook.

Child's Name _____ M F Birthdate _____

Address _____ City _____ Zip _____

Print Mother's Name _____ D.L.# _____ Phone _____

Print Father's Name _____ D.L.# _____ Phone _____

Signature _____ Date _____