Registration 2017-18

Infant Program
(Ladybug & Bumblebee Rooms Only)

Child's Name		DOB	
Parent /Gua	ardian		
Address			
Phone		cell	
Email		2 nd Email	
	Please ch	oose from the options below:	
		<u>Full Day</u>	
	5 Day (M, T, W, Th, F)	7:30am-5:30pm	1
	3 Day (M, W, F)	7:30am-5:30pm	
	2 Day (T, Th)	7:30am-5:30pm	
		Half Day	
5 Day (M, T, W, Th, F)		7:30am-12:30pm12:	30pm-5:30pm
3 Day (M, W, F)		7:30am-12:30pm12:3	30pm-5:30pm
2 Day (T, Th)		7:30am-12:30pm12:3	30pm-5:30pm
Tuition Poli	су		
ending J			me period beginning August 21, 2017 and pose to enroll after August 21, 2017, a spot
Midyear infant spots cannot be guaranteed i.e. January 2018 start date.			
 Any request to withdraw early from this contract must be in writing and will be reviewed by the Board for approval. 			
There are no time substitutions for unused days, sick days or vacation days. Full Time status will take precedence when			
enrolling children. Drop hours are upon request, when space is available. Please see office staff when requesting drop hours.			
	Tuition statements are emailed around the 15th of each month and payment is due on the 6th of the following month. By signing this enrollment contract you hereby agree to pay all tuition in the amounts as set forth on the Tuition Schedule when		
	due. There will be a late charge at the rate of one and one quarter percent (1.25%) each month for all balances unpaid by		
			er percent (1.25%) per month). A failure to
	bill for two consecutive months may	·	
	You agree to pay on demand all costs of collection, legal expenses and attorneys' fees incurred or paid by CNS in enforcing		
this enro	ollment contract upon your failure to	pay tuition.	

Registration Fee: \$75, \$50 for each additional child

Parent/Guardian Signature

I agree to the terms set forth in this enrollment contract: