

Registration

School Programs



Parent/Guardian Name: _____ Home Phone: _____

Home Address: _____ Cell Phone: _____

_____ Email: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Child's Name: _____ Date of Birth: _____

Please check the appropriate program:

_____ Preschool (9 a.m.—12:00 p.m) (ages 3-5)

_____ After School only (ages 5-11)

_____ Preschool with extended hours (ages 3-5)

_____ Before School only (ages 5-11)

_____ Before & After School (ages 5-11)

Please list the days & times for which you'd like to enroll your children:

Monday: _____ to _____

Thursday: _____ to _____

Tuesday: _____ to _____

Friday: _____ to _____

Wednesday: _____ to _____

Important Information:

A \$ 25.⁰⁰ non-refundable registration fee is due before registration will be processed.

A deposit equal to one week's tuition is due at the time of registration (this is not the 1st week's tuition)

Weekly program/tuition fees are due on the Friday prior to the following week of service.

Families with multiple children will receive a 15% discount per child after the first child.

Today's Date: _____ Desired Start Date: _____

Parent/Guardian Signature: _____ CMC Representative: _____

(If not parent, state relationship to child/children: _____)

For Office Use Only

Weekly Tuition: _____

Total Amount Due: _____

Registration Fee: _____

Date Received: _____

Deposit (1 week): _____

Payment Method: _____