



Community Preschool and Childcare
7320 Northcote Avenue
Hammond, IN 46324
219-844-3030

Registration Form - Full Time 2018

Child's Name _____ Birthdate _____

Street _____

City, State, Zip _____

Parent Responsible for Payment _____

Cell Phone () _____ Home Phone () _____

Business Phone () _____ Email _____

Best Number to use During Childcare Hours _____

Preschool and Childcare Weekly Rate (6:30 am - 6:00 pm, 5 days/week)

___ 3 years old by August 1, 2018 and potty-trained \$160/week

___ 4 years old by August 1, 2018 and potty-trained \$160/week

___ 30-36 months of age by August 1, 2018 \$175/week

___ Registration Fee of \$60 will reserve your preschool and childcare enrollment.

Due to regulations regarding child-teacher ratios, space is limited.

Registration Fee Paid on _____

- A 10% discount will be given to the lesser rate when two or more children are enrolled. Flex Care rates are not included in this discount.
- Childcare fees are due on Monday for that week of care.

How did you hear about Community Preschool and Childcare?

Who can we thank for referring you to Community Preschool and Childcare?

____ I understand that my child will need to bring a lunch and napping supplies when attending.

Hours of Operation – Our Childcare will follow a year-round calendar that honors major holidays and one week off during Christmas. Childcare opens at 6:30 am and ends at 6:00 pm. If our childcare needs to close for facility improvements or for teacher training, 3-4 weeks notice will be given unless there is an emergency.

Late Pick-Up Fee – Childcare ends at 6:00 pm. There is a \$25 fee for each 15 minutes past 6:00 pm. The late fee is due on the next business day.

Late Payment Fee - A \$25 late fee will be added if payment is received two or more days after the Monday due date.

Childcare Agreement

I agree to pay Community Preschool and Childcare for all scheduled hours requested, penalty charges, and at the current rates. Further, I agree to pay a registration fee, per child enrolled. I understand that failure to make regular payments will cause my child's enrollment to be cancelled.

Date Signature of Parent/Guardian

Statement of Guardianship

____ My spouse and I are the legal guardians of this child.

____ I, alone, am the legal guardian of this child.

____ This child's parent and I share legal custody of this child.

Date Signature of Parent/Guardian

Health Form and Immunizations

The attached Health Form and Immunizations record must be completed by a physician or physician's assistant and returned to school within 30 days of your child's admission to Community Preschool and Childcare. Due to state regulations, failure to do so will result in suspension until the forms are completed and returned.

