

3C'S Preschool VPK Registration Form
2012-2013 School Year

Section 10M-12.00s (2) F.A.C. requires that parents must receive a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER. We are also required that parents be notified in writing of the disciplinary practices used by the child care facility. The parents' or legal guardians' signature verifies receipt of the child care brochure and its disciplinary practices.

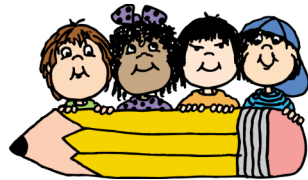
Please complete the following:

I, _____ have received a copy of the Child Care Facility Brochure, KNOW YOUR CHILD CARE CENTER and the disciplinary practices of the child care facility.

Signature of Parent or Legal Guardian

Date

Name of Child



TUITION PLAN SELECTION

Please select from below

8:45-11:45 8:45-12:30 8:30-2:30 7:30-6:00

I have read and fully understand the fees, terms and conditions for payment stated in this registration form.

Signature of Parent or Legal Guardian

Date

Tuition and Fees VPK Program



Tuition

8:45 am - 11:45 am

5 Day Week.... Covered by State of Florida

Extended Care

Occasional Use.....\$10.00/hr

Plan A Lunch: 8:45am - 12:30pm \$50.00/mo

Plan B Care: 8:30am - 2:30pm \$220.00/mo

Plan C Care: 7:30am - 6:00pm \$320.00/mo

Please select your plan on the back of this form and sign it on the appropriate space and return to the school office along with your blue and yellow health forms from your pediatrician. No student will be allowed to attend school without a completed and signed registration form or health forms.

A full term tuition is based upon a school term from Aug, 2011 through June, 2012. Payments are to be made in 10 installments. Your 1st payment is due August 1st and your last payment will be due May 1st. You will receive a coupon book upon registration which you will fill out and turn in with your monthly payment before the 10th of every month. Any payments not received by the 10th of the month are subject to a \$50 late fee.

Children picked up after 6:00 are charged at the rate of \$5.00 per minute interval, per child.

There are no refunds for students withdrawn during the month, school days missed due to illness, vacation trips, or other conveniences of the parents.

Please print clearly

Child's Name _____

Sex _____ DOB _____ Nickname _____

Street Address _____

City _____ Zip Code _____

Home Phone _____

E-mail Address _____

Mothers Name _____ Mother's work phone _____

Mother's Employer _____ Mother's beeper/cell _____

Father's Name _____ Father's work phone _____

Fathers Employer _____ Father's beeper/cell _____

Physician's name _____ Physician's phone _____

Emergency Contact Information
Persons allowed to pick-up child in addition to parents

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

Additional Information

Allergies _____

Serious Illness _____

Regular medication administered _____

1st language _____ 2nd language _____

Likes _____

Fears _____

Toilet Habits _____

Sleep Habits _____

Other Habits _____

Siblings _____

Additional notes from parents: _____

Please list any person disallowed to pick up your child.
