

## **SCHOOL-AGE REGISTRATION PACKET**

Please remember to call the bus garage at 330-830-8042 to inform them your child will be picked up or dropped off at Church of the Lakes. Please let them know what days they will be coming.

Thank you!



Child Care Center  
5944 Fulton Drive NW  
Canton, OH 44718  
(330) 499-0500

## ENROLLMENT/TUITION AGREEMENT BEFORE/AFTER SCHOOL PROGRAM SCHOOL YEAR-(2021/2022)

My child, \_\_\_\_\_ is enrolled for:

- Before School** (\$10.00 / Day) Days attending: \_\_\_\_\_
- After School** (\$15.00 / Day), 2<sup>nd</sup> child (\$12.00/Day) Days attending: \_\_\_\_\_
- Snow, Jackson In-Service & School Holidays (\$47.00)** a day

**Please note that you are billed the days that your school-ager is signed up for.**

- Registration Fee of \$ \_\_\_\_\_ paid (non-refundable) ---\$25.00 (1 CHILD); \$50.00 (FAMILY)
- Child's Birthday \_\_\_\_\_

Name of School \_\_\_\_\_ Grade in school for 2021/2022 \_\_\_\_\_

(You must contact your school about busing)

Before school (approx. time of arrival) \_\_\_\_\_ after school (approx. time of pick up) \_\_\_\_\_

Weekly tuition payment due the last school day of every week \$ \_\_\_\_\_

The parent/guardian agrees to be responsible for the tuition payment of the agreed upon, scheduled days for the school year.

The parent/guardian agrees to pay the tuition payment for before /After School Care on the last day of attendance each week.

The parent/guardian understands that if payment is not made by Friday of each week they are subject to a late fee of \$10.00 being added to their balance each week until balance is paid in full.

The parent/guardian understands they are subject to a \$25.00 fee assessed for a returned check. If more than one check is returned, checks will no longer be accepted for payment and payment must therefore be made by cash, bank check, or money order.

The parent/guardian understands that scheduled days are established by the before / After School Program Center. **Fees will not be waived or refunded for school days missed due to family vacations, illness, or for any other reason. The undersigned understands that the only days they will not be billed for are the days the Before / After School Center is closed.**

**By signing this Before / After school program enrollment/tuition agreement I understand and I will abide by the "terms and conditions for attending this Before / After school program" which I have received a copy of.**

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Name (please print) \_\_\_\_\_

Complete Address: (please print)

Street (including number & or PO Box) \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_, Work \_\_\_\_\_, Cell phone \_\_\_\_\_

Email (please print) \_\_\_\_\_