

For Office Use Only:

Registration Fee Paid _____

**For office use only:
Date/Time Received:**



Shades Crest Baptist Weekday Program Registration Form 2017- 2018 School Year

Registration for New Students Monday January 30, 2017

Submit this Registration form with your \$125 non-refundable Registration Fee.

Placement will be determined on a first come first serve basis with priority given in the following order:
Currently Enrolled Students, Shades Crest Baptist Church Members, New Students.

Classes are subject to change based on enrollment.

Special requests will be considered. However, no guarantees are made that your special request will be met.
All special requests will be considered in the order that they are received.

Mother's Name _____ **Cell** _____

Employer _____ **Work** _____

Father's Name _____ **Cell** _____

Employer _____ **Work** _____

Home Address _____

City _____ **Zip Code** _____

Home Phone _____

Preferred E-mail _____

Church Affiliation _____

Child's previous school experience _____

Please provide us with any special requests or other information, we should consider as we prepare to serve your child. (i.e. Special needs, Developmental delays, special considerations, allergies)

Monthly Tuition and Fees

<u>Class</u>	<u>2 Days</u>	<u>3 Days</u>	<u>5 Days</u>
<u>Infants & Crawlers</u>	\$200	\$240	\$300
<u>Walkers & Toddlers</u>	\$190	\$220	\$280
<u>2's</u>	\$180	\$200	\$260
<u>3's</u>	NA	\$200	\$250
<u>4's</u>	NA	\$200	\$240
<u>AM Extended Care***</u>	\$40	\$60	\$100
<u>PM Extended Care***</u>	\$120	\$180	\$300

Tuition is paid monthly for 10 months, August-May. (May is 1/2 of listed amount.)

Registration Fee: \$125.00 (non-refundable)

Supply Fees: August \$75.00

SchoolCast Fee: \$5.00

Non-Employee Discounts on Monthly Tuition:

Full Care Discount : (AM & PM Extended Care & Tuition August-May) 5% off / per month*

SCBC Member: \$10.00/month (per family)

Multiple Sibling: 2 children \$10.00 off/month (per family)

3 or more \$20.00 off/month (per family)

	Child's Name	Sex	DOB	As of 9/1/17: Years & months	Current Class
1.					
2.					
3.					

Please Mark Your 1st, 2nd or 3rd Choice of Class Options. Check if Extended Care is Needed.

<p style="text-align: center;"><u>Infants & Crawlers</u></p> <p><input type="checkbox"/> 2 Days T/TH</p> <p><input type="checkbox"/> 3 Days MWF</p> <p><input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> AM Care</p> <p><input type="checkbox"/> PM Care</p> <p><input type="checkbox"/> Full Care*</p>	<p style="text-align: center;"><u>Walkers & Toddlers</u></p> <p><input type="checkbox"/> 2 Days T/TH</p> <p><input type="checkbox"/> 3 Days MWF</p> <p><input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> AM Care</p> <p><input type="checkbox"/> PM Care</p> <p><input type="checkbox"/> Full Care*</p>	<p style="text-align: center;"><u>Two's</u></p> <p><input type="checkbox"/> 2 Days T/TH</p> <p><input type="checkbox"/> 3 Days MWF</p> <p><input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> AM Care</p> <p><input type="checkbox"/> PM Care</p> <p><input type="checkbox"/> Full Care*</p>	<p style="text-align: center;"><u>Three's</u></p> <p><input type="checkbox"/> 3 Days MWF</p> <p><input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> AM Care</p> <p><input type="checkbox"/> PM Care</p> <p><input type="checkbox"/> Full Care*</p>	<p style="text-align: center;"><u>Four's</u></p> <p><input type="checkbox"/> 3 Days MWF</p> <p><input type="checkbox"/> 5 Days</p> <p><input type="checkbox"/> AM Care</p> <p><input type="checkbox"/> PM Care</p> <p><input type="checkbox"/> Full Care*</p>
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