

**HOLY SPIRIT LUTHERAN CHURCH CHILD CARE CENTER  
NURSERY PROGRAM 2006/07  
APPLICATION FOR ENROLLMENT**

**PLEASE FILL OUT AND RETURN PROMPTLY WITH ENROLLMENT FEES ATTACHED TO:**

Mrs. Gail O'Hara  
313 Woodland Place  
Leonia, N.J. 07605

For Office Use Only: Time \_\_\_\_\_  
Date Application Rec'd. in Person \_\_\_\_\_  
Enrollment Fees Paid \_\_\_\_\_

**CHILD'S**

**NAME** \_\_\_\_\_ MALE \_\_\_ FEMALE \_\_\_ BIRTHDATE \_\_\_\_\_

**NAMES OF  
PARENTS**

\_\_\_\_\_ (mother)

\_\_\_\_\_ (father)

**ADDRESS**

\_\_\_\_\_ (number) (street)

\_\_\_\_\_ (town) (State)

\_\_\_\_\_ (zip code)

**PHONE  
NUMBERS**

\_\_\_\_\_ (home)

\_\_\_\_\_ (mother's bus. Phone)

\_\_\_\_\_ (father's bus. Phone)

**PROGRAMS AVAILABLE**

_____ Morning	Age 3 (9:00 – 11:30 Mon., Tues., Wed.)	\$235 per month
_____ Morning	Age 3 (9:00 – 11:30 Thurs. & Fri.)	\$157 per month
_____ Morning	Age 4 (9:00 - 1:00 Mon. through Fri.)	\$465 per month
_____ Afternoon	Age 4 (12:30 – 3:00 Tues., Wed., Thurs.)	\$235 per month
_____ 3 & 4 year old extended day	9:00 – 1:00 Mon. thru Fri.)	\$465 per month
	(7:30 – 4:00 Mon. thru Fri.)	\$760 per month

**ENROLLMENT FEES**

Registration Fee \$70 \_\_\_\_\_ (includes insurance, field trips, health screenings) This fee is not refundable.

Tuition Deposit \$ \_\_\_\_\_ (1/2 month's tuition to be applied to tuition for June '2007)

Total Fees \$ \_\_\_\_\_ (Please submit two separate checks for these fees.)

Tuition Aid is available upon special request from the Director for children whose families have need.

**I HAVE READ UNDERSTAND AND AGREE TO THE FOLLOWING:**

1. Tuition is due on the first of the month. Tuition received after the 15<sup>th</sup> is subject to a 5% penalty.
2. The enrollment is for the full school year and no credit is allowed for days when school is closed due to bad weather or for illness or family vacation.
3. Before the child enters school, a doctor's certificate is required showing completed N.J. State required Immunizations. Children must be toilet trained and age 3 by December of the school year.
4. Upon receipt of at least one month's written notice of withdrawal of a child, the school will release the parent from responsibility of payment of tuition and tuition deposit will be returned.
5. I agree to attend scheduled parent meetings.
6. The Child Care Center Committee and/or staff may recommend withdrawal of my child if a proper Adjustment is not made in a reasonable amount of time.
7. Enrollment fees will be refunded if the child is not accepted for placement.
8. Regarding food allergies, we will take all reasonable precautions to insure the safety of the child within the guidelines established by the State. However, because many groups use this building before and after classes, parents must accept responsibility for any specific needs. In the case of extreme allergies that may require the use of an epi pen, please see our policy in the parent handbook.

DATE \_\_\_\_\_

\_\_\_\_\_ (signature of parent or guardian)