



2020– 2021 School Year – Child Care Registration

1. Participant Information: PLEASE PRINT

Child's Name _____ Sex: M F Age: _____ Birthdate _____ Grade _____
 Home Address _____ City _____ Zip _____ Home Phone _____
 Parent/Guardian's name _____ Cell _____ E-mail _____
 Relationship _____ Parent/Guardian's Occupation _____
 Parent/Guardian's name _____ Cell _____ E-mail _____
 Relationship _____ Parent/Guardian's Occupation _____

2. Please select the program of your choice:

- After School (dismissal – 6:00 p.m.) 5 days \$500.00 per month
 - After School (dismissal – 6:00 p.m.) 4 days \$445.00 per month
 - After School (dismissal – 6:00 p.m.) 3 days \$380.00 per month
- *******Kindergarten is FULL TIME ONLY*******
- Before School only (6:45 – 8:05 a.m.) 5 days \$200.00 per month

3. Authorization and acknowledgement of KIDS' CENTER Fee Policy (Due at the Time of Enrollment)

\$50.00 Annual Registration Fee – non-refundable \$200.00 Deposit on Tuition - refundable

I give my child permission to participate in all activities of the program. I understand that the Sherman Oaks Parents Association, and KIDS' CENTER assume no financial obligations, but in case of illness or accident, the Sherman Oaks Parents Association, and KIDS' CENTER has my authority to secure necessary medical attention. I further accept that my child is physically fit to participate in the activities. This authorization is to remain in force from date of signing unless revoked in writing. I understand that NO REFUNDS will be made for days missed in accordance with the Sherman Oaks Parents Association, KIDS' CENTER child care fee policy regarding payments. I understand that ALL PAYMENTS ARE DUE PRIOR TO RECEIVING CARE.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

It takes 48 business hours to process registration paper work. Your child may start the program after your paperwork has been processed.

Start Date _____ Assigned Group _____
 Registration Fee _____ Deposit _____ Monthly Tuition _____ Date Paid _____ Ck# _____
 _____ Parent Full Pay _____ CCRC _____ Co-Payments \$ _____ Scholarship \$ _____