REGISTRATION AGREEMENT Cedarville Learning Center - P.O. Box 636 - Cedarville, OH 45314 - 937.766.2252

SCHOOL YEAR PROGRAMS					
	l day a week	2 days a week	3 days a week	4 days a week	5 days a week
□ Morning Preschool/PreK Program (2 ½ years until Kindergarten) (8:15am-10:45am)	\$70/month	\$140/month	\$205/month	\$275/month	\$340/month
	5 Days per Week		<5 Days per We	eek	
□ After School (Kindergarten – 14 years)	\$75/Week		\$19/Day		
□ Before School (Kindergarten – 14 years)	\$30/Week		\$8/Day		
□ No School Days (Kindergarten – 14 year	s) \$40/Day		-		
WEEKLY DAYCARE RATES					
		Full Time	Part Time		
		(25+ hours)	(<25 hours)		
\Box Infant (6 weeks – 18 months)		\$230/week	\$150/week		
\Box Toddler (18 months – 3 years)		\$210/week	\$140/week		
□ Transitional Preschool (2 ¹ / ₂ years – 3 yea	rs)	\$210/week	\$140/week		
□ Preschool (3 years until Kindergarten)		\$190/week	\$130/week		
(Includes Morning PS/PK Program)					
□ School Age (Kindergarten through 14 year	ars)	\$170/week	\$120/week		
OTHER FEES					
Registration Fee - \$50 yearly					
REQUESTED DAYS & TIMES					
Check requested day(s):Image: MondayImage: TuesdayImage: WednesdayImage: ThursdayImage: Friday					
List requested drop-off & pick-up times:					
CHILD'S INFORMATION					
Child Name			Child Birth I	Date	
Address			Parent/Guard	lian Name	
City, State, and Zip Code			Contact Nur	nber	
Parent/Guardian E-mail address					
I, the undersigned guardian, wish to reserve a place for my child in the above marked childcare group(s). I understand that both this completed form and a non-refundable \$50.00 registration fee are required to ensure a space for my child. As parent/guardian of enrolled child, I agree to follow all Cedarville Learning Center policies and procedures.					
Parent/Guardian Signature			Date		