

ASRA'S FAMILY CHILDCARE CENTER INC

5206 Siggelkow Road
Madison, WI 53718
(608) 838-7866

NAME OF CHILD: _____
First Name Last Name

DATE OF BIRTH _____ GENDER (circle one) Female Male

FEES: Required for all children. Registration fee is due with your application.

_____ **\$150.00** Registration Fee for each child enrolled (Nonrefundable, annual)

Please place a checkmark by the program your child will be in

TUITION RATES:

FULL TIME RATES

____ INFANTS (6 WEEKS TO 2 YEARS) \$275.00 / WEEK
____ 2 YEARS TO 5 YEARS \$255.00 / WEEK

PART TIME RATES

LESS THAN 20.00 HOURS PER WEEK

____ 2 YEARS TO 3 YEARS \$204.00 / WEEK
____ 3 YEARS TO 5 YEARS \$193.00 / WEEK

PLEASE LIST YOUR CHILD'S SCHEDULE

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time _____	_____	_____	_____	_____	_____
Pick up time _____	_____	_____	_____	_____	_____
Hours/Day _____	_____	_____	_____	_____	_____

LATE FEE: There is a late pick up fee of \$15.00 for every 15 minutes or portion there of that your child is at the Center after 5:30, unless you have made prior arrangements with the Executive Director. Inclement or hazardous weather will be taken into consideration.

- ❖ Your child must attend during the summer or 4 consecutive months to use vacation days.
- ❖ The 10% multiple child/household discount is applied only to full time children and is taken off of the lower rate.
- ❖ The tuition remains the same whether the child attends or not (sick days, holidays, school closings etc.).
- ❖ We will be closed when the McFarland Public Schools are closed due to weather conditions except for excessive cold.
- ❖ For all children enrolled, there is a six-week probationary period. (See the Parent Handbook)
- ❖ Fees may change with one months notice.
- ❖ There is a payment required for each door card.
- ❖ A 2 week written notice is required for withdrawal of your child. You are responsible for tuition for 14 days from the date written notice is given whether the child attends or not.

I/we agree to abide by the policies of Asra's Family Childcare Center Inc.

Parent/Guardian Signatures:

1) _____ Home Phone _____ Cell Phone _____

2) _____ Home Phone _____ Cell Phone _____

Home Address: _____

Email Address: _____

Parent/Guardian Names (please print)

1) _____ Work Phone _____

2) _____ Work Phone _____

Today's Date: _____

Enclosed Registration Fee: \$150.00 _____

Child's Starting Date _____