

2 YEAR OLD

REGISTRATION FORM - 2017/2018

PLEASE ENROLL _____ Sex: Male Female
BEGINNING _____

A.M. CARE (8:00 - 12:00)

2 days (T, Th) _____ \$165 per month, potty-trained
_____ \$176 per month, not potty-trained
3 days (M, W, F) _____ \$234 per month, potty-trained
_____ \$250 per month, not potty-trained
5 days (M – F) _____ \$315 per month, potty-trained
_____ \$337 per month, not potty-trained

FULL-TIME CARE

2 days (T, Th) _____ \$83 per week, potty-trained
_____ \$89 per week, not potty-trained
3 days (M, W, F)..... _____ \$123 per week, potty-trained
_____ \$132 per week, not potty-trained
5 days (M – F) _____ \$150 per week, potty-trained
_____ \$160 per week, not potty-trained

******PLEASE INDICATE WHICH PROGRAM YOU ARE REGISTERING FOR******

Child's Birth Date: _____ Home Phone: _____

Parents' Name(s): _____

Address: _____

City & Zip Code: _____

Mom Cell Phone: _____ Mom Work Phone: _____

Dad Cell Phone: _____ Dad Work phone: _____

Email: _____

*Registration Fee: **\$125.00** _____

*Includes insurance and consumable materials/snacks. **NONREFUNDABLE:** _____
(Initial)

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******PLEASE INDICATE WHICH PROGRAM YOU ARE REGISTERING FOR******

Child's Birth Date: _____ Home Phone: _____

Parents' Name(s): _____

Address: _____

City & Zip Code: _____

Mom Cell Phone: _____ Mom Work Phone: _____

Dad Cell Phone: _____ Dad Work phone: _____

Email: _____

*Registration Fee: **\$125.00** _____

*Includes insurance and consumable materials/snacks. **NONREFUNDABLE:** _____
(Initial)

4 YEAR OLD

REGISTRATION FORM - 2017/2018

PLEASE ENROLL _____ Sex: Male Female

BEGINNING _____

A.M. CARE (8:00 - 12:00)

5 days (M – F) _____ \$315 per month

FULL-TIME CARE

5 days (M – F) _____ \$150 per week

******PLEASE INDICATE WHICH PROGRAM YOU ARE REGISTERING FOR******

Child's Birth Date: _____ Home Phone: _____

Parents' Name(s): _____

Address: _____

City & Zip Code: _____

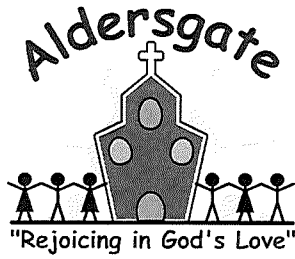
Mom Cell Phone: _____ Mom Work Phone: _____

Dad Cell Phone: _____ Dad Work phone: _____

Email: _____

*Registration Fee: **\$125.00** _____

*Includes insurance and consumable materials/snacks. **NONREFUNDABLE:** _____
(Initial)



**ALDERSGATE CHRISTIAN LEARNING
CENTER**

"Rejoicing in God's Love"

9530 Starkey Road

Seminole, FL 33777

(727) 398-1445

SCHOOL AGE
REGISTRATION FORM 2017/2018

PLEASE ENROLL _____ Sex: Male Female

BEGINNING _____

SCHOOL AGE: Grade _____

Bardmoor _____ Starkey _____ Walsingham(**PM ONLY**) _____

_____ AM Care\$40.00 per week

_____ PM Care\$85.00 per week

_____ AM and PM Care\$95.00 per week

*****PLEASE INDICATE WHICH PROGRAM YOU ARE REGISTERING FOR*****

BIRTHDATE _____

HOME PHONE: _____

PARENTS' NAMES _____

ADDRESS _____

CITY & ZIP _____

WORK PHONE (Mom) _____ WORK PHONE (Dad) _____

CELL PHONE (Mom) _____ CELL PHONE (Dad) _____

*REGISTRATION FEE: **\$75.00** _____

*Includes insurance, consumable materials/snacks. *NONREFUNDABLE*: _____
(initial)