

FIRST CONGREGATIONAL LEARNING CENTER

Child's Name: _____ Date of Birth: _____ Boy _____ Girl _____ School Year _____

Home Phone Number: _____ Home E-mail: _____ Martial Status: Married ___ Single ___ Separated ___ Divorced ___

Home Address: _____ City/State: _____ Zip: _____

Parent 1/Guardian Name: _____ Parent 2/Guardian Name: _____

Parent 1/Guardian Home Address, if different from above: _____ Parent 2/Guardian Home Address, if different from above: _____

Parent 1/Guardian Employer's Name: _____ Parent 2/Guardian Employer's Name: _____

Address: _____ Address: _____

Business/Cell/Pager Phone/E-mail – Hours of Employment _____ Business/Cell/Pager Phone/E-mail – Hours of Employment _____

INFANT/TODDLERS FULL/HALF - DAY PROGRAMS: (children 6 weeks - 19 months)

5 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

4 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

3 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

2 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

TODDLERS FULL/HALF - DAY PROGRAMS: (children 19 months - 3 years old)

5 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

4 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

3 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

2 Full/Half Days: M _____ T _____ W _____ TH _____ F _____ Anticipated Arrival/Departure Time: _____

FULL/HALF - DAY PROGRAMS: (children 3-5 years old)

Room _____ (office use only)

5 Full/Half Days: M_____ T_____ W_____ TH_____ F_____

Anticipated Arrival/Departure Time: _____

4 Full/Half Days: M_____ T_____ W_____ TH_____ F_____

Anticipated Arrival/Departure Time: _____

3 Full/Half Days: M_____ T_____ W_____ TH_____ F_____

Anticipated Arrival/Departure Time: _____

2 Full/Half Days: M_____ T_____ W_____ TH_____ F_____

Anticipated Arrival/Departure Time: _____

Part - Time Preschool Only

3/4-year old- Half Days: T-W-TH _____

Hours: 9:15 AM –11:45AM

I understand my responsibility regarding the payment of fees as outlined in the Financial Agreement. **FEES ARE DUE IN FULL EVEN IF MY CHILD IS ABSENT DUE TO ILLNESS, VACATIONS OR HOLIDAYS.**

Tuition payment for Full/Half-Day will be due Monday or the first day of attendance. Payment for the Part-Day preschool is due on the 1st Tuesday of each month.

*****SEE FINANCIAL AGREEMENT FOR FURTHER DETAILS.

Parent 1/Guardian Signature

Parent 2/Guardian Signature

Are you a member of the First Congregational Church of Downers Grove?
Yes _____ No _____

Are you a member of another church?
Yes _____ No _____

Name of the church of which you are a member or attending: _____

Where did you hear about the First Congregational Learning Center? _____

Discharge Date: _____

A non-refundable registration fee (\$75.00) is due for new enrollees with this registration form.

There is a \$60.00 activity fee in September for all children. There is a \$60 activity in June. (Fee is regardless of number of days enrolled)

THE FIRST CONGREGATIONAL LEARNING CENTER RESERVES THE RIGHT TO MAKE ANY NECESSARY CHANGES IN ITS PROGRAM AND POLICIES WITH WRITTEN NOTICE.