

**ST. JOHN CHILD CARE CENTER**

15 South Garand Street

Winslow, Maine 04901

207.872.7123

**CONTRACTED ENROLLMENT FORM**

Admission Date \_\_\_\_\_ Discharge Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Will be attending on the following **CONTRACTED SCHEDULE:**

	Monday	Tuesday	Wednesday	Thursday	Friday
From	_____	_____	_____	_____	_____
Until	_____	_____	_____	_____	_____

The weekly charge will be \$ \_\_\_\_\_, to be paid each \_\_\_\_\_.

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

Sibling: \_\_\_\_\_ Age: \_\_\_\_\_

**Note:**

**Please include a copy of your child's birth certificate(s).**

Absences due to illness or vacation time will not result in tuition credit or make-up time, except as noted in the Parent Handbook. Charges during a long term illness will be determined on a case-by-case basis by the Director. After a long-term illness, a physician's note is needed for re-entry to the program.

Accounts, which are not paid within two weeks, will result in the child being dropped from the program. Upon reinstatement, the \$25.00 registration fee must be paid again.

Check returned by the bank for insufficient funds will be subject to a fee of \$10.00. If this happens more than two times, it will be required to make payments in the form of a money order.

If a child is picked up after the scheduled time of care, parents will be charged \$16.00 per hour (\$8.00 per half hour) for each late occurrence. Three (3) late pick ups may result in the child being dropped from the program.

Parents are responsible for all fees stated above.

\_\_\_\_\_  
Parent of Guardian Signature

\_\_\_\_\_  
Date