



SONSHINE KIDS

DAYCARE & LEARNING CENTER

1200 South Liberty Street Jerseyville, IL 62052
618-498-5033

Preschool (Ages 3-5) 2006 – 2007 Registration Form Rates Effective 8/21/06

Child's Name _____ Birth Date _____

Parent's Name _____ Phone number _____

Address _____ Start Date _____

Reg. Fee Due \$ _____ Date Pd. _____ CK# _____ Cash _____

Registration Fee (Non- Refundable): Individual Child \$30.00 Family \$40.00

Please indicate below which schedule fits your needs and mark the days your child will attend.
10% discount applies to the oldest sibling(s) when multiple children are enrolled.

_____ **\$106.00 full time weekly rate** (Monday through Friday / all day)

_____ **\$27.00 per day** (minimum enrollment of 2 days per week.)

Full day (6:00 a.m. – 6:00 p.m.) Must pick specific days.

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

_____ **\$12.00 (per session) Morning Preschool Only** (8:30 a.m. – 11:30 a.m.) (Aug. – May)

This Preschool Session is offered on a basis of: (Please mark your choice.)

#1 _____ Monday, Tuesday, Wednesday, Thursday & Friday (\$55 per week)

#2 _____ Monday, Wednesday & Friday (\$36 per week)

#3 _____ Tuesday & Thursday (\$24 per week)

_____ **\$17.00 per day / 5 hours or less** per day (with a minimum of 2 days) (Aug. – May)

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My child will attend as indicated above. The **weekly fee** is \$ _____ and is due on Monday (or Tuesday if your child is a Tuesday/Thursday child). All fees are past due and subject to a \$5 late fee if not paid by noon on Tuesday. Children will not be accepted into the program if fees become two weeks past due, (one week for repeat offenders). I agree that I will comply with the financial information as outlined here and in the parent handbook. I agree to be responsible for the above fees and other fees, such as field trip fees as costs incur. I understand that this agreement is legal and binding and that I will be held liable for the account, court costs, attorney fees etc. if collection efforts are used to collect fees due.

Parent or Responsible Guardian Signature _____ Date _____