



SONSHINE KIDS

DAYCARE & LEARNING CENTER

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

Preschool (Ages 3-5) 2009 – 2010 Registration Form Rates Effective 8/24/09

Child's Name _____ Birth Date _____

Parent's Name _____ Phone number _____

Address _____ Start Date _____

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

Enrollment/Registration Fee (Non- Refundable): Individual Child \$30.00 Family \$40.00
Starting August 24th children enrolling in our preschool program will pay an enrollment fee of \$30 regardless of prior attendance. This fee will cover the cost of a t-shirt and classroom supplies. This will eliminate the resource fee that was charged in the past.

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.

_____ **\$97.00 full time weekly rate** (Monday through Friday / all day)

_____ **\$28.00 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

_____ **\$15.00 (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 (\$65 per week)

#2 _____ Monday, Wednesday & Friday (\$45 per week)

#3 _____ Tuesday & Thursday (\$30 per week)

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 _____