



SONSHINE KIDS

DAYCARE & LEARNING CENTER

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

Beginner Department

Ages 6 weeks up to 3 years
2009 – 2010 Registration Form
Rates effective 8/25/08

Child's Name _____ Birth date _____

Parent's Name _____ Phone # _____

Address _____ Start Date _____

(Non-refundable) Registration fee: \$30.00 Individual Child \$40.00 Per Family
Registration Fee Due \$ _____ Date Paid _____

10% Discount applies to the oldest sibling(s) when multiple children are enrolled.

*Part time rates are available as space warrants in the Beginner Department.
Full time hours (Weekly rate) may be used anytime from 6 a.m. to 6 p.m. Monday through Friday.

Tuition Fees are as follows:	Weekly	Daily
Infant Care (6 weeks through 14 months)	\$140.00	\$35
Toddler Care (15 – 23 months)	\$135.00	\$34
2-Year Old Class (24 – 36 months)	\$130.00	\$33

My child will be enrolled at the rate of \$ _____ per week (or day). Part time placement is only available as space warrants. I understand I may be given a two week notice to change to full time or find other placement for my child if part time becomes unavailable due to increased enrollment. The tuition includes care, crib for infants, cot for older children, USDA approved meals & snacks, formula (Similac with iron or equivalent), milk and juice for the time they are in our program.

* Tuition is due on the Monday (or Tuesday if your child is scheduled for Tuesday/Thursdays only). All fees are past due and subject to a \$5.00 late fee If not paid by noon on Tuesday. Children will not be accepted into the program if fees are 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 understand this is legal and binding and that I will be held liable for additional charges such as court cost and attorney fees should they become necessary in efforts to collect fees due.

Parent or Responsible Guardian Signature _____ Date _____

