

# My School Enrollment Application

Today's Date: \_\_\_\_\_

Enrollment Beginning \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Child's Nickname \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Moms Cell # \_\_\_\_\_

Father's Cell# \_\_\_\_\_

## Family Background

Father's Name: \_\_\_\_\_ Living with Child: Y / N

Employer: \_\_\_\_\_ Work#: \_\_\_\_\_

Church Membership: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Living with child: Y / N

Employer: \_\_\_\_\_ Work #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Siblings: Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

## Prior Daycare Experience:

Name of Center/Caregiver \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Length of attendance: \_\_\_\_\_ Reason for leaving program: \_\_\_\_\_

How did you hear about My School: \_\_\_\_\_

\_\_\_\_\_

# My School Financial Agreement

Child's full name: \_\_\_\_\_

**Name, address, and social security number of person responsible for tuition.**

---

---

---

---

**Registration/application fee:** (for new students) **\$75.00 (non-refundable)**

**Annual registration fee: \$50.00 per child. Due at the time of Registration**

**Monthly rates:** My School offers a 3, 4, or 5 day program. Breakfast, lunch, and snack are included in all prices. Payments are due by the 5<sup>th</sup> or the 20<sup>th</sup> of each month. Rates for the current school year are below. Please indicate which days you are requesting.

_____ 5 full days (Mon – Fri)	\$870.00
_____ 4 full days (Mon – Thurs)	\$750.00
_____ 3 full days (Mon, Wed, Fri)	\$650.00
_____ 5 half days (Mon – Fri)	\$675.00
_____ 4 half days (Mon – Thurs)	\$550.00
_____ 3 half days (Mon, Wed, Fri)	\$475.00

**Hours of operation:** 7:00 a.m. to 6:00 p.m. **Please pick your child up on time.** You will be charged **\$2.00 per each minute** late after 6:00 p.m. (after 12:00 if enrolled ½ days.)

**Absentee policy:** There is **no refund or adjustment** to tuition if your child is sick or on vacation. **Your tuition ensures that your child may attend and that there will be a teacher to provide for his/her care.**

**Early withdrawal:** **30 days written notice is requested.**

**Discounts:** 10% discount on tuition for each sibling. A 10% discount is also offered to Cathedral of Faith members who participate in tithing.

## **RIGHTS OF LICENSING AGENCY**

General Licensing Requirements of California Section 101195 , states:

- \*The department of licensing agency shall have authority to interview children or staff and to inspect and audit child or facility records without prior consent.
- \*The licensee shall make provision for interviews with any child or any staff and for examination of all records relating to the operation of the facility.
- \*The department or licensing agency shall have the authority to observe the physical condition of the children, including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional examine the children.

**I understand and agree to all of the above terms.**

---

Parent Signature

Signature of person responsible for Tuition

# Kindergarten Financial Agreement con't

**Absentee policy:** There is no refund or adjustment to tuition if your child is sick or on vacation. Your tuition ensures that your child may attend and there will be a teacher to provide for his/her care.

**Early withdrawal:** 30 days written notice is requested if you plan to withdraw your child from My School.

**Discounts:** 10% discount on tuition for each sibling. A 10% discount is also offered to Cathedral of Faith members who participate in tithing to the church. A 5% discount is available if tuition is paid in full by August 1.

## **Rights of Licensing Agency:**

General Licensing Requirements of California, Section #101195, states:

- The department or licensing agency shall have authority to interview children or staff, and to inspect and audit child or facility records without prior consent.
- The licensee shall make provision for interviews with any child(ren) or any staff member and for examination of all records relating to the operation of the facility.
- The department or licensing agency shall have the authority to observe the physical condition of the child(ren), including conditions which could indicate abuse, neglect, or inappropriate placement, and to have a licensed medical professional examine the child(ren).

I understand and agree to all of the above terms.

I authorize release of my consumer credit report.

---

parent signature

---

signature of person responsible for  
tuition.

