



14 Osborn Way
Danville, CA 94526



Office Use Only	
Application Date	_____
Room #	_____
Registration Fee	\$100.00
Tuition Deposit	_____
Access Card (\$10/ card)	_____
EQ	\$15.00
Resource Fee	\$75.00
Total	_____
Start Date	_____

REGISTRATION FORM

Handbook Package Orientation

Child's Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Boy _____ Girl _____ Home Phone: _____

Email address(es): _____

Last school attended by child: _____

Sibling(s) names(s), ages: _____

Any medical problem/serious allergies, illness or injuries? If yes, describe: _____

Any toy/things he (she) likes/dislikes: _____

Describe your child's personality: _____

Method of discipline at home: _____

Mother's name: _____ Mother's Occupation: _____

Mother's Employer name & Address: _____

Mother's Business Phone: _____ Mother's cell phone: _____

Mother's Social Security #: _____ Mother's CA Drivers License # _____

Father's name: _____ Father's Occupation: _____

Father's Employer name & Address: _____

Father's Business Phone: _____ Father's cell phone: _____

Father's Social Security #: _____ Father's CA Drivers License # _____

Both Parents live in the same home: YES: _____ NO: _____

Primary Physician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Health Plan/Policy #: _____ Dental Plan/Policy #: _____

Emergency Contact (Name/relationship/phone #): _____

Others authorized to pick up your child (Name/relationship/phone #): _____



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SCHOOL YEAR 2010 TO 2011

PLEASE INDICATE YOUR PROGRAM PREFERENCE

- | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| ALL DAY (7:00 - 6:00) | PARTIAL DAY (9:00 - 3:00) | MID DAY (8:30 - 1:00) | PM (1:15 - 5:30) |
| <input type="checkbox"/> M-F | <input type="checkbox"/> M, W, F | <input type="checkbox"/> M, W, F | <input type="checkbox"/> M-F |
| <input type="checkbox"/> M, W, F | <input type="checkbox"/> T, Th | <input type="checkbox"/> T, Th | <input type="checkbox"/> M, W, F |
| <input type="checkbox"/> T, Th | | | <input type="checkbox"/> T, Th |

**Note: No exceptions to choice of days shown above.
Five day enrollment is limited to All Day and PM Programs.**

BEFORE AND AFTER SCHOOL PROGRAM (M-F)

Elementary Only

Note: No extended hours available on days public schools are closed or have shorter hours.
(Minimum Days and Conferences)

INDICATE TIMES BELOW:

AM: From _____ To _____ PM: From _____ To _____

NAME OF SCHOOL: _____

IMPORTANT NOTES

- A \$100.00 NON-REFUNDABLE REGISTRATION FEE IS REQUIRED FOR EACH CHILD. ADDITIONAL REGISTRATIONS FEES: \$75 RESOURCE FEE, \$15 EARTH QUAKE FEE, \$10 PER ACCESS KEYCARD.
- A REFUNDABLE TUITION DEPOSIT EQUAL TO HALF OF YOUR MONTHLY TUITION IS DUE AT THE TIME OF ENROLLMENT TO CONFIRM YOUR CHILD'S ENROLLMENT. THE TUITION DEPOSIT IS REFUNDABLE ONLY IF THE CHILD ATTENDS AT LEAST 60 DAYS OF THE TERM AND A WRITTEN TWO WEEK NOTICE OF WITHDRAWAL IS PROVIDED TO THE EXECUTIVE DIRECTOR, AFTERWARDS; NO EXCEPTIONS.
- PARENTS OF CHILDREN HOLDING A CONFIRMED SPACE IN A FALL CLASS THAT DO NOT ATTEND UNTIL LATER IN THE SESSION ARE STILL RESPONSIBLE FOR TUITION FROM THE BEGINNING OF THE SESSION.
- NO TUITION CREDIT IS GIVEN FOR ABSENCE FROM SCHOOL DUE TO VACATION, ILLNESS OR ANY OTHER REASON. FULL PAYMENT IS REQUIRED TO RETAIN SPOT IN THE CENTER.
- EACH SCHEDULE CHANGE IS SUBJECT TO \$50 FEE, AND REQUIRES TWO WEEKS OF WRITTEN NOTICE.
- I UNDERSTAND THAT BY ENROLLING MY CHILD IN THE SUMMER PROGRAM, I AM RESPONSIBLE FOR FULL TUITION THROUGH THE END OF AUGUST 2010. THE FEE FOR SUMMER CAMP IS \$100.00 PER CHILD.
NOTE: IF YOUR CHILD IS ATTENDING NOW AND WILL NOT ATTEND THE SUMMER PROGRAM, BUT YOU WANT TO REJOIN IN THE FALL PROGRAM, WE CANNOT CONFIRM FALL ENROLLMENT UNTIL AUGUST. PRIORITY WILL BE GIVEN TO CHILDREN ATTENDING BOTH SUMMER AND FALL SESSIONS.
- IF YOUR CHILD WILL ATTEND BOTH SUMMER AND FALL SESSIONS, THE SCHEDULE ENROLLED MUST BE IDENTICAL.
- YOU GIVE YOUR PERMISSION FOR:
 1. ACLC TO PHOTOGRAPH YOUR CHILD AT OUR CENTER.
 2. ACLC STAFF TO APPLY SUNSCREEN TO YOUR CHILD.
 3. ACLC TO POST INFORMATION CONCERNING YOUR CHILD'S ALLERGIES.
 4. ACLC TO PERIODICALLY TAKE THE CHILDREN ON SHORT NATURE WALKS WITHIN A ONE MILE RADIUS OF THE SCHOOL.
- CHILDREN WANTING TO BEGIN AFTER THE START OF THE FALL SESSION IN SEPTEMBER 2010 WILL BE WAIT LISTED.
- EVERY SEPTEMBER TUITION WILL INCREASE. 30 DAYS NOTICE WILL BE GIVEN.

TERMS ACCEPTED BY: _____
PARENT'S SIGNATURE