



Comstock Community Center
6330 King Highway
Comstock, MI 49041
(269) 345-7243
Fax (269) 345-9486

Kids Korner

2009-2010 Preschool Registration

2 ½ to 5 years old

Open 6:30 AM to 6:30 PM

FAMILY INFORMATION

PLEASE PRINT

Child's Name _____

Today's Date ____ / ____ / ____

Child's Birth date ____ / ____ / ____ Age ____ Sex: M F Start Date _____

Special situations/Health Considerations: _____

Parent/Guardian #1 _____

Parent/Guardian #2 _____

Address _____

Address _____

City _____ Zip _____

City _____ Zip _____

Home Phone (____) _____ - _____

Home Phone (____) _____ - _____

Work Phone (____) _____ - _____

Work Phone (____) _____ - _____

Billing Address (circle one)

Parent/Guardian #1

Parent/Guardian #2

If you would like us to charge your REGISTRATION FEE to a credit card, please provide that information below. PLEASE NOTE THIS IS FOR THE REGISTRATION FEE ONLY, YOUR CHILD CARE TUITION WILL BE BILLED MONTHLY.

Credit Card # _____

Name as it reads on the card _____

Expiration Date _____

Circle One: Mastercard Visa

Verification #: _____

Signature: _____

(Three digit number on back of card)

Children enrolled in the Kids Korner Preschool program must be completely toilet learned. This means they are able to anticipate/vocalize their own need to use the facilities, and they are able to take care of their personal needs in the restroom.

***Child Care grants** are available on a limited basis, based on family income and family size. Proof of income is required.

Weekly Preschool Tuition Fees Per Child

Registration Fee (non-refundable)	First week Tuition
5 Full Days 6:30 AM – 6:30 PM	\$110/week
3 Full Days 6:30 AM – 6:30 PM	\$85/week
5 Half Days 6:30 AM – 12:30 PM or 12:30 – 6:30 PM	\$75/week
3 Half Days 6:30 AM – 12:30 PM or 12:30 – 6:30 PM	\$50/week

Please indicate your desired schedule below.

Session	Monday	Tuesday	Wednesday	Thursday	Friday
Full day					
AM Session					
PM Session					

***A discount of 10% will be given for siblings enrolled simultaneously.**

Billing

Bills will be mailed out to participants on a monthly basis based on the schedule indicated by parent/guardian. **HOWEVER, PAYMENTS MUST BE MADE WEEKLY, IN ADVANCE.** Please see parent handbook for further information. DHS clients will be responsible for a monthly co-pay. All rates and schedules contained on this form are subject to change without notice.

Parent/Guardian Agreement (signature required for enrollment)

I hereby enroll my child in Kids Korner Preschool Program and agree to the fees as indicated above for the schedule I have chosen for my child. I agree to read the Kids Korner Parent Manual in its entirety and abide by the policies, requirements and procedures stated within. I further assert that my child is in good health and accept responsibility for my child’s health.

 Parent/Guardian Signature

 Date

For Office Use Only		
Applied for DHS _____	DHS Authorized _____	Added to Count _____
Registration Fee Paid _____	Parent Handbook Received _____	