



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

Kids Korner

2009-2010 Kindergarten Wrap-Around Registration

Located at Comstock North Elementary
 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 _____

School Child Attends _____ AM or PM Kindergarten (Please circle)

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)

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

Weekly Tuition Fees per Child

Five Half days: \$75/Week
 Three Half Days: \$50/Week

Registration Fee (non-refundable)	First week Tuition
--	---------------------------

Please indicate below when your child will be at Kids Korner.

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday
AM Care 6:30-8:30					
AM Session 8:30-12:30					
PM Session 12:00-4:00					
PM Care 4:00-6:30					

*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 with 30 days notice.

Parent/Guardian Agreement (signature required for enrollment)

I hereby enroll my child in Kids Korner Wrap-Around 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 grant _____	Grant Authorized _____	Added to Count _____
Registration Fee Paid _____	Parent Handbook Received _____	