



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

Kids Korner

2009-2010 Before and After School Program Registration

First through Fifth Grade
 Located at Comstock North Elementary
 Open 6:30 – 8:30 AM and 3:30 – 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: _____

School Child Attends: _____ Grade: _____

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

Registration Fee (non-refundable)	First week tuition
AM and PM care 5 days a week 6:30-8:30 AM and 3-6:30 PM	\$65/week
AM and PM care 3 days a week 6:30-8:30 AM and 3-6:30 PM	\$45/week
AM care only 5 days a week 6:30-8:30 AM	\$25/week
AM care only 3 days a week 6:30-8:30 AM	\$20/week
PM care only 5 days a week 3-6:30 PM	\$40/week
PM care only 3 days a week 3-6:30 PM	\$30/week

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

Please indicate your desired schedule below.

Check all that apply.

Session	Monday	Tuesday	Wednesday	Thursday	Friday
AM and PM care					
AM only					
PM only					

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 are 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 Before and After School 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 _____