

Gallop's Little Learning Center

Student Name: _____

Price:

- | | |
|--|------------------------------------|
| <input type="checkbox"/> Registration fee | \$100.00 / family (Non-refundable) |
| <input type="checkbox"/> Material fee | \$150.00 / child annually |
| <input type="checkbox"/> Age classroom (6 weeks – 11m – Mon. - Fri. – 7am – 7pm) | \$173.75 / week |
| <input type="checkbox"/> Age classroom (12m – 4 yrs. – Mon. – Fri. 7am – 7pm) | \$148.75/ week |
| <input type="checkbox"/> Age classroom (12m – 4 yrs. - Mon. – Fri. 8am – 12:00 noon) | \$100.00 / week |

Parents Name: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email: _____ Child's Date of Birth: _____

Sex: _____ Room: _____ Age: _____ Student's Starting Date: _____

Method of Payment:

- | | |
|--|--|
| <input type="checkbox"/> EFT Checking draft | <input type="checkbox"/> Weekly (Every Monday) |
| <input type="checkbox"/> Visa/MasterCard Draft | <input type="checkbox"/> Bi-Weekly –start date _____ |
| <input type="checkbox"/> AMEX / Discover Draft | <input type="checkbox"/> Monthly 4th of each month |

I hereby authorize a draft on the account designated below, not to exceed the amount agreed to by me below, until the balance is paid in full and my child is withdrawn from the program with a **thirty (30) day written notice**.

Signature: _____ Date: _____

Credit Card Type: () Visa () MC () AMEX () Discover

Card # : _____ Exp. _____

Name on Card: _____

Bank Routing # _____ Account # _____

Name of Bank: _____ Name on Account: _____

Drivers License # _____

SCHEDULE

Please provide the following information:

Typical Drop off time _____ Typical Pick-Up time_____

Diapers Yes No

Sleeps: In crib on mat

RECEIPT OF CHILD CARE POLICIES

I have received and understand all of the child care policies provided to me in this registration packet. I agree to adhere to all policies and procedures outlined in this packet. I understand I must return these forms before registration is complete.

Parent Signature

Date

Please print name of parent

PHOTO RELEASE

I, _____ will mark the space below to grant or not grant permission of photos of my child to be used in the manner below.

	Grant	Do not grant
Use still photos in promotional materials	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on facility's website	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's bulletin boards, show to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>