



<b>Date Received</b>	<b>Amount Paid</b>	<input type="checkbox"/> Billed/paid Brightwheel <input type="checkbox"/> Paid by cash or check # _____
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### CDC REGISTRATION FORM 2023-2024

#### Child Information

Full Name \_\_\_\_\_ Name Called \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Age as of 09/30/23 \_\_\_\_ Child's Home Language \_\_\_\_\_  
 Child lives with:  Mother  Father  Both  Other \_\_\_\_\_  
 Person having legal custody: \_\_\_\_\_

#### Family Information

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Bus. Phone \_\_\_\_\_  
 Mother's Cell Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Brother's (Name) \_\_\_\_\_ Age/s \_\_\_\_\_  
 Sister's (Name) \_\_\_\_\_ Age/s \_\_\_\_\_

#### Emergency Contacts (other than parents)

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone \_\_\_\_\_

#### Please answer the following questions:

1. What are your expectations for your child in this class? \_\_\_\_\_  
\_\_\_\_\_
2. Please list any fears, habits or family changes that may affect your child's behavior.  
\_\_\_\_\_
3. Are there any medical or physical issues (including food allergies) so that we can help keep your child safe at school? No \_\_\_\_ Yes \_\_\_\_ If yes, please specify. \_\_\_\_\_  
\_\_\_\_\_
4. Has your child been screened to receive special services (medical, educational or therapeutic) No \_\_\_\_ Yes \_\_\_\_ If yes, please specify. \_\_\_\_\_  
\_\_\_\_\_
5. Does your child have now, or previously had an Individualized Education Plan (IEP)?  
No \_\_\_\_ Yes \_\_\_\_ - if yes please submit a summary of services and current status.
6. Does your family have an Individualized Family Service Plan (IFSP)? No \_\_\_\_ Yes \_\_\_\_
7. Please list any previous preschool/day care enrollment. \_\_\_\_\_
8. Are you a member of Huguenot Road Baptist Church? No \_\_\_\_ Yes \_\_\_\_ If no, please list Church Home \_\_\_\_\_

We do not discriminate on the basis of race, color, religion, national origin or sex of children seeking enrollment in the Child Development Center. It is our intention that all applicants are given equal opportunity and that enrolment is based on available age-appropriate space.

# REGISTRATION AND TUITION INFORMATION FOR 2023-2024

Class	Tuition			Choice 1 <sup>st</sup> , 2 <sup>nd</sup>
	Monthly	Quarterly	Annual	
<b>Toddler Class: For Students 20 months old by September 30, 2022, 9:15 – 12:00</b>				
Monday & Wednesday (2 – Day Class) end time of 12:00pm	\$205.00	\$615.00	\$1845.00	
<b>2 year-old students: For students 2 years old by September 30<sup>th</sup>, 2022 9:15 – 12:15</b>				
Monday & Wednesday (2-Day Class) end time of 12:15pm	\$205.00	\$615.00	\$1845.00	
Tuesday & Thursday (2-Day Class) end time of 12:15pm	\$205.00	\$615.00	\$1845.00	
<b>3 year-old students: For Students 3 years old by September 30<sup>th</sup>, 2023</b>				
Tuesday – Thursday (3-Day Class) end time of 12:15pm	\$250.00	\$750.00	\$2250.00	
Tuesday – Thursday (3 Day Class) end time of 1:00 (lunch)	\$325.00	\$975.00	\$2925.00	
Monday – Thursday (4-Day Class) end time of 1:00 (lunch)	\$380.00	\$1140.00	\$3420.00	
<b>4 year-old students: For Students 4 years old by September 30<sup>th</sup>, 2023</b>				
Tuesday – Thursday (3 Day Class) end time of 1:00 (lunch)	\$325.00	\$975.00	\$2925.00	
Monday – Thursday (4-Day Class) end time of 1:00 (lunch)	\$380.00	\$1140.00	\$3420.00	
<b>5 year-old students: For Students 5 years old by September 30<sup>th</sup>, 2023</b>				
Monday – Thursday (4-Day Class) end time of 1:00pm (lunch)	\$380.00	\$1140.00	\$3420.00	
<b>Note:</b> This class is provided for children with birthdays generally May or later, and those who might benefit from an extra year with our great teaching staff. Students will participate in different activities than they did as part of our 4-year-old class.				
<b>Miscellaneous Fees</b>				
<b>REGISTRATION FEE (Nonrefundable) Note:</b> Reduced to \$75.00 <b><i>IF REGISTRATION IS COMPLETED BY December 31<sup>st</sup>, 2022.</i></b>			\$100.00	
<b>ACTIVITY FEE (All Classes)</b>			\$130.00	
<b>4 year old &amp; Pre – K Supply Fee (workbooks associated with Handwriting Without Tears)</b>			\$25.00	

**1. Due Dates and stipulations:**

- a. Tuition: September 2023 tuition is due May 1, 2023. October tuition is due on September 1, etc. A late fee of \$25.00 will be imposed for tuition received after the fifteenth (15<sup>th</sup>) of each month.
- b. Activity Fee: The activity fee of \$130.00 is due September 1.
- c. Registration: The registration fee of \$100.00 (or \$75.00 if completed by December 31, 2022) is non-refundable.

**2. Returned Checks:** There will be a \$35.00 fee for all checks returned to us for insufficient funds, etc.

**3. School hours:**

- Toddlers = 9:15 am – 12:00pm.
- Select 2yr olds & 3yr olds 9:15am – 12:15pm
- Older 3 yr, 4 yr and 5 yr olds 9:15am – 1:00pm
- A parent arriving after 12:40 (or 1:10) is considered late and a \$25.00 fee may be imposed. Children should not arrive before 9:15 am to allow teachers time to prepare for the day.

**4. I affirm** by my signature below that I acknowledge my child in a 3, 4, or 5 yr old class be **independent** in potty training skills before the start of school in August (a medical waiver may be accepted).

**5. Required Forms:**

- a. Birth Certificate: Virginia law requires that a copy of each child’s birth certificate be provided for all children new to the CDC program **before your child’s first day of school.**
- b. A Virginia School Entrance Health Form signed and completed by your child’s physician must be returned to the CDC office **before your child’s first day of school. All immunizations must be current.**

**6. Student Withdrawal:**

- a. One month’s notice is required to withdraw your child from the CDC program.
- b. If a child is unable to adjust to the CDC Program, after consultation with the Teacher and the Director, withdrawal may be necessary.

I agree to abide by the above policies.

\_\_\_\_\_

*Parent Signature*

\_\_\_\_\_

*Date*

***The Child Development Center operates as a Religiously Exempt Child Care Day Center through the Virginia Department of Education.***