

## ENROLLMENT REQUEST FORM

**Circle School: CHATSWORTH MURRAY CENTRAL MAMARONECK AVE.  
HOMMOCKS OTHER \_\_\_\_\_**

Parent's full names \_\_\_\_\_

Email \_\_\_\_\_

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Grade: 2017-2018 \_\_\_\_\_

\_\_\_\_\_ (zip code) \_\_\_\_\_

Telephone \_\_\_\_\_ Gender \_\_\_\_\_

Teacher \_\_\_\_\_ Room Number \_\_\_\_\_ (CALL US WHEN YOU KNOW)

Check here if registering to use the center on an **occasional** basis ONLY \_\_\_\_\_

<b>DAILY FEES:</b>	BEFORE SCHOOL 7:30 - 8:40 AM <b>\$25.00</b>	AFTER-SCHOOL 3:00-6:00 PM <b>\$65.00</b>	EXTENDED TIME 3:00-6:30 PM <b>\$80.00</b>	3:00-7:00 PM <b>\$100.00</b>
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**TO CONTRACT: PLEASE CIRCLE DAYS OF WEEK AND TIMES OF DAY YOU NEED CARE:**

### PROGRAM SCHEDULE

	BEFORE SCHOOL 7:30-8:40 am	AFTER-SCHOOL 3:00 -6:00	EXTENDED TIME 3:00-6:30
<b>Please Circle Days Needed for Each Time Slot</b>	<b>MONDAY</b>	<b>MONDAY</b>	<b>MONDAY</b>
	<b>TUESDAY</b>	<b>TUESDAY</b>	<b>TUESDAY</b>
	<b>WEDNESDAY</b>	<b>WEDNESDAY</b>	<b>WEDNESDAY</b>
	<b>THURSDAY</b>	<b>THURSDAY</b>	<b>THURSDAY</b>
	<b>FRIDAY</b>	<b>FRIDAY</b>	<b>FRIDAY</b>

### MONTHLY FEES\*\*

<b>ONE DAY</b>	<b>\$105.00</b>	<b>\$195.00</b>	<b>\$260.00</b>
<b>TWO DAYS</b>	<b>\$170.00</b>	<b>\$375.00</b>	<b>\$440.00</b>
<b>THREE DAYS</b>	<b>\$225.00</b>	<b>\$460.00</b>	<b>\$595.00</b>
<b>FOUR DAYS</b>	<b>\$280.00</b>	<b>\$565.00</b>	<b>\$665.00</b>
<b>FIVE DAYS</b>	<b>\$325.00</b>	<b>\$640.00</b>	<b>\$800.00</b>
<b>SUBTOTAL</b>	\$ _____	\$ _____	\$ _____
<b>TOTAL MONTHLY FEE \$ _____</b>			

\*\* Based on number of days per week attending in each time slot

Date I would like my child to begin the program: \_\_\_\_\_. **First day: Wednesday, 9/6/2017**

Register each child on a separate form and return each form with \$100.00 non-refundable registration fee.

Your child does not have a space until registration is completed. Registration includes: a signed contract, payment of first and last months' fee, a medical form signed by a doctor and completion of all forms and requested information. It takes a minimum of three business days to process application.

Send registration forms and fees, payable to:

The Children's Corner of Larchmont-Mamaroneck, Inc.  
Post Office Box 517  
Larchmont, New York 10538

official use:	Starting Date _____	Check # _____
	Ck. Amt. \$ _____	Date Received _____