

# Enrollment Application



Eastminster Child Development Center  
693 North Hagadorn  
East Lansing, Michigan 48823  
Phone: 517.332.2311 Fax: 517.332.9457  
Email: [office@ecdckids.org](mailto:office@ecdckids.org)

Date: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Girl or Boy \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

List **all** Persons (Parents or Guardians) Financially Responsible for the Child you wish to enroll:

Full Name \_\_\_\_\_ (#1)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Full Name \_\_\_\_\_ (#2)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone Number \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Has your child been in daycare before? \_\_\_\_\_

## Child's Medical Information

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Any other medical conditions/concerns/special instruction \_\_\_\_\_

Medical Plan \_\_\_\_\_ Policy Number \_\_\_\_\_

We value our opportunity to provide care for children and the resulting relationship with their families. We believe that the best relationships are based on understanding. Please thoroughly review the information that follows and our Financial Agreement and call us if you have any questions.

Age Group	Requested Schedule (circle part-time schedule or check full-time)		
Toddler (ages 10-30 months)	Part Time	M T W Th F a.m. M T W Th F p.m.	_____ Full Time M-F all day
Preschool I (ages 2 ½ - 4)	Part Time	M T W Th F a.m. M T W Th F p.m.	_____ Full Time M-F all day
Preschool II (age 4)	Part Time	M T W Th F a.m. M T W Th F p.m.	_____ Full Time M-F all day
Before School After School		M T W Th F a.m. M T W Th F p.m.	(Please circle both if requesting Before and After School Care)

TUITION: All rates are per day:

TODDLER:	Full Time: \$1,100.50/month Part Time: \$57.50/day Half Day: \$38.00/day	PRE-SCHOOL I: Full Time: \$941.50/month Part Time: \$55.00/day Half Day: \$32.00/day	Preschool II: Full Time: \$922.50/month Part Time: \$55.00/day Half Day: \$32.00/day
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A 10% Tuition Discount is applied to the tuition payable for the oldest child when two or more siblings are enrolled full-time.

BEFORE/AFTER SCHOOL CARE: Morning \$13.00  
Afternoon \$13.00

Fees: APPLICATION: \$45 non-refundable/child (new families only)  
EQUIPMENT/ENRICHMENT: \$50 for school year/child, \$25 for summer/child

Rates and fees are reviewed yearly by our Board of Directors, and any changes will be announced following each review.

If you are receiving assistance to pay for your childcare, please note the following:

- As childcare providers, our relationship is with the child’s parents or other financially responsible adult(s), not the assistance agency. Your agreement with DHS, Spartan Kids, MSU, LCC, City of East Lansing, NACCRA, or other agency is your responsibility, and we are not party to that contract.
- At the request of the financially responsible adult, we will file a claim for reimbursement with any agency that is providing tuition assistance. The financially responsible adult(s) must pay Eastminister while it awaits verification that assistance will be provided if documentation for assistance is not turned in prior to the first day of care. Any duplicate payment will be credited toward further services.
- Please be aware that some services provided by Eastminister may not be covered by your assistance agency.

GENERAL INFORMATION

HOURS: 7:00a.m.–6:00p.m. Monday through Friday; half-day hours are 7:00am – 11:45am or 12:00-6:00pm.

- Minimum schedule is two full days or three half days per week.
- Breakfast, milk for lunch, and snack are included in tuition costs.
- Parents provide a sack lunch.
- Adult to child ratios are: Toddlers: 1:4; Preschooler I: 1:8; Preschool II: 1:10
- Tuition is due the first of the month.
- We require a 2-week written notice to drop days from a child’s schedule or to withdraw.
- Fees will be assessed for late pick-ups or early drop offs. Dismissal from the program may occur if late pick-up occurs frequently.
- For admission into the Toddler Program the child must be at least 10 months old, must be able to understand simple directions, and is beginning to feed him/herself finger foods.
- In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202)720-5382(TTY). USDA is an equal opportunity provider and employer.

For **all** Persons Financially Responsible, identified above, provide:

Parent/Guardian #1: Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Employed By: \_\_\_\_\_ How Long \_\_\_\_ Occupation \_\_\_\_\_  
 SS# \_\_\_\_\_ DL# \_\_\_\_\_

Parent/Guardian #2: Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
 Employed By: \_\_\_\_\_ How Long \_\_\_\_ Occupation \_\_\_\_\_  
 SS# \_\_\_\_\_ DL# \_\_\_\_\_

\_\_\_\_\_  
 Signature of Parent/Guardian Date

Please include a \$45 non-refundable application fee so that we may proceed to process and consider your application. Please note that a child will not be enrolled, or may be dis-enrolled, in the event that *all* Persons Financially responsible do not sign the Financial Agreement.

FOR OFFICE USE Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_ By Cash, Credit Card or Check # \_\_\_\_\_