

Enrollment Application



Eastminster Child Development Center
693 North Hagadorn
East Lansing, Michigan 48823
Phone: 517.332.2311
Email: 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.

<u>Age Group</u>	<u>Requested Schedule (check desired part-time schedule or check full-time)</u>		
Infants (ages 6 weeks-18 months)	Part Time: \$900/month	☐ M W F	☐ Full Time \$1,470/month
	Part Time: \$625/month	☐ T Th	M-F all day
Toddlers (ages 18 months- 2 ½ yrs.)	Part Time: \$885/month	☐ M W F	☐ Full Time \$1,310/month
	Part Time: \$615/month	☐ T Th	M-F all day
Preschool I (ages 2 ½ - 3 ½ yrs.)	Part Time: \$845/month	☐ M W F	☐ Full Time \$1,200/month
	Part Time: \$585/month	☐ T Th	M-F all day
Preschool II (ages 3-4 yrs.)	Part Time: \$845/month	☐ M W F	☐ Full Time \$1,200/month
	Part Time: \$585/month	☐ T Th	M-F all day
Pre-K (ages 4-5 yrs.)	Part Time: \$845/month	☐ M W F	☐ Full Time \$1,100/month
	Part Time: \$585/month	☐ T Th	M-F all day
School Age After School	\$17.00/day	Please circle desired schedule	M T W Th F

A 10% Tuition Discount is applied to the tuition payable for the oldest child when two or more siblings are enrolled full-time.

Fees:	APPLICATION:	\$75 non-refundable/child
	EQUIPMENT FEES:	\$100 for school year/child, \$50 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

- Minimum schedule is two full days (T Th) or three full days (M W F) per week.
- Breakfast, milk for lunch, and snack are included in tuition costs for toddlers and older. Parents/guardians must provide a sack lunch.
- Parent/guardian must provide all food, formula/breast milk for infants.
- Adult to child ratios are: Infant/Toddlers: 1:4; Preschooler I: 1:8; Preschool II: 1:10, Pre-K: 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. Dismissal from the program may occur if late pick-up occurs frequently.
- 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 \$75 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 # _____