



## **New Student Registration Form**

Child's Name:	Da	Date of Birth:	
Name of Parent/G	uardian:		
Address:	ess:Cell Phone Number:		
E-Mail Address:V		ne Number:	
Emergency Conta	ct Name & Number:		
	2025 – Private Pay Rate:	S	
	Classroom	Full Time	
	Infants	\$340	
	Young Toddlers	\$320	
	Older Toddlers	\$300	
	Preschool	\$285	
	PHLpreK/Preschool: Afterschool	\$235	
	School Age - Afterschool	\$235	
	School Age - Camp	\$250	
Enclosed is the \$7	75 Registration Fee to hold a place for my chil refundable or deductible. Initials  Tuition is Due Regardless of Absences or S	<u> </u>	
I understand that	•		
<ul><li>subsidy cop</li><li>payment is of</li><li>payment ma</li></ul>	tuition is determined by the CLASSROOM my eay is determined by CCIS; due on Monday of the current service week; due regardless of absence or school closings ay be paid monthly or weekly; and ay be paid by cash, check, or money order.		
Signature of Parent or Guardian:		Date:	
Admin Approval / St	art Date:		