

Messiah Lutheran Child Care Center
1605 Vernon Avenue
Park Ridge, IL 60068
847.825.3767 / Fax: 847.823.6996 / Church:847.823.6984

2012 - 2013 School Year Kindergarten/Jr. Kindergarten

Effective: _____

My child _____ will attend Messiah Lutheran Child Care Center on the following days and times:

	Arrival Time	Pick-up Time	Number of Hours
<input type="checkbox"/> Monday			
<input type="checkbox"/> Tuesday			
<input type="checkbox"/> Wednesday			
<input type="checkbox"/> Thursday			
<input type="checkbox"/> Friday			

I agree to pay \$ _____ for each two-week period.

A security deposit equal to two-weeks tuition of \$ _____ will go towards the child's last two weeks attendance at the Center. A non-refundable registration fee and deposit of **\$150.00** accompanies this agreement (\$100 applied toward the first 2 weeks of school).

Payment will be paid on or before the first day of attendance.

Please bill me every: _____ two-weeks _____ four weeks _____ semester.

Signature: _____

Date: _____

2012-2013

9 Hours	10 Hours	With Lunch 4 1/2 Hours	No Lunch 4 1/2 Hours	3 Hours
Flexible Scheduling	Flexible Scheduling	8:30 - 1:00 or 9 - 1:30	7:30 - 12:00	9:00 - 12:00

5 days/week

Weekly fee	\$ 220.75	\$ 246.50	\$ 166.50	\$ 140.25	\$ 131.00
Two-week fee	441.50	493.00	333.00	280.50	262.00