

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

2011 - 2012 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: _____

2011-2012

	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	\$ 215.00	\$ 240.00	\$ 162.50	\$ 136.25	\$ 127.25
Two-week fee	430.00	480.00	325.00	272.50	254.50

4 days/week

Weekly fee	\$ 174.75	\$ 199.00	\$ 133.00	\$ 112.00	\$ 103.50
Two-week fee	349.50	398.00	266.00	224.00	207.00

3 days/week

Weekly fee	\$ 135.00	\$ 152.50	\$ 104.25	\$ 88.50	\$ 79.75
Two-week fee	270.00	305.00	208.50	177.00	159.50

2 days/week

Weekly fee	\$ 91.25	\$ 104.50	\$ 71.25	\$ 60.75	\$ 54.50
Two-week fee	182.50	209.00	142.50	121.50	109.00