

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

2017 - 2018 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.

*(A \$50 book fee will be added to your first invoice)

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

Signature: _____

Date: _____

2017-2018

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	\$ 265.00	\$ 295.25	\$ 200.75	\$ 165.75	\$ 155.00
Two-week fee	530.00	590.50	401.50	331.50	310.00