

San Geronimo Childcare Center

6001 Sir Francis Drake Blvd, San Geronimo, CA (PO Box 373), (415) 488-4655

2023-24 ENROLLMENT FORM

Child's name _____ Birthdate _____ Age _____ Desired Start Day _____

Parent's name/s _____ Telephone _____

Mailing address _____

Email _____ How did you hear about us? _____

TUITION RATES

Mornings (8:30am-12:30pm) (9am-1pm)

18-24 MO 2-3 YRS 3-5 YRS

5 DAYS \$1270 \$1155 \$1109

4 DAYS 1004 982 942

3 DAYS 907 815 762

2 DAYS 658 590 549

Full Time (8am - 5:30pm)

18-24 MO 2-3 YRS 3-5 YRS

5 DAYS \$2050 \$1871 \$1848

4 DAYS 1808 1640 1577

3 DAYS 1398 1236 1190

2 DAYS 1016 901 861

*\$100 annual materials fee

*10% Sibling Discount (min. 3 days/wk)

* Scholarship applications available

* \$50 annual registration fee

What is your preferred schedule? MON _____ TUES _____ WED _____ THURS _____ FRI _____

TUITION will be due on the 1st day of each month

A period of 5 days is allowed, after which a penalty of \$30 will be charged automatically. Late tuition must be received by the 10th or your child's enrollment will risk forfeiture.

Please include \$50 annual REGISTRATION FEE

with this application, to reserve your child's enrollment for the current school year.

DIAPER POLICY:

18 mo-3 yrs old: TODDLER PROGRAM

~ Diapers are ok

3-5 yrs old: PRESCHOOL / PRE-K PROGRAM

~ Must be potty trained

MONTHLY DIAPER FEE

5 days/week \$50

4 days/week 40

3 days/week 30

2 days/week 20

Does your child wear diapers?

Yes _____

No _____

** Please pack a lunch for each day of enrollment

* Preschool supplies AM/PM snack.

EARLY BIRD / AFTERNOON CHILDCARE

Hourly rates - \$15/HR (contracted & drop-in)

When contracting BEFORE & AFTERCARE, you are expected to pay for the hours requested whether your child is there or not, as the center is staffed accordingly and your child is guaranteed a space for those hours.

Please schedule your BEFORE & AFTER HOURS:

(ex. 8-8:30am/12:30-5:30pm)

M _____ T _____

W _____ TH _____

F _____

DROP-IN CARE is available but does not guarantee a space for your child. Please call for that day's availability. No changes to your schedule will be made before the 1st of the following month.

SIGNATURE: _____

DATE: _____