

HIERSTEINER CHILD DEVELOPMENT CENTER
Semester Reserved Care Application
Fall 2020

JCCC Employee

JCCC Student*

*must be enrolled in and actively attending a three credit hour course

Parent Guardian Name: _____ Phone: (____) ____ - _____

Child's Name: _____ Date of Birth: ____/____/____

Semester Enrollment

Requested Child Care Schedule

| |
|---|
| Full Day: 7:30 a.m. – 5:30 p.m. |
| <input type="checkbox"/> Monday, Tuesday, Wednesday, Thursday, Friday |
| <input type="checkbox"/> Monday, Wednesday, Friday |
| <input type="checkbox"/> Tuesday and Thursday |

| |
|---|
| Part Day: 8:00 a.m. – 12:00 p.m. |
| <input type="checkbox"/> Monday, Tuesday, Wednesday, Thursday, Friday |
| <input type="checkbox"/> Monday, Wednesday, Friday |
| <input type="checkbox"/> Tuesday and Thursday |

| |
|--|
| Request deviations from normal schedule: |
| |

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|---|
| Part Day: 1:00 p.m. – 5:00 p.m. |
| <input type="checkbox"/> Monday, Tuesday, Wednesday, Thursday, Friday |
| <input type="checkbox"/> Monday, Wednesday, Friday |
| <input type="checkbox"/> Tuesday and Thursday |

Enrollment Term: August 24, 2020 — December 14, 2020

Written notice for withdrawal: two weeks

Payment rates: Listed on opposite side

Payment is due Thursday by midnight for the coming week.

HCDC Hours: Monday – Friday, 7:00 a.m. – 6:00 p.m.

Agreement

By signing this agreement, the parent/guardian of the child named above expressly agrees to the Hiersteiner Child Development Center (HCDC) guidelines and procedures as outlined in the Parent Handbook on the JCCC website and tuition rates as posted. This agreement is in effect for the entire length of the enrollment term. The parent/guardian shall provide HCDC a **written notice** prior to the official withdrawal of the above named child from the Center. On the date of the official withdrawal, this agreement will be considered terminated. The application fee is non-refundable and due with this application.

Parent Guardian Signature: _____ Date ____/____/____

Application Fee: Posted Paid

HCDC Staff Use only

Deposit: Posted Paid

Billing: Toddler Family Disc. Employee

Book Scheduling Computer Scheduling

Parent Schedule Enrollment Information Entered by _____ Classroom _____ Late Start: _____

Provider Signature: _____ Date ____/____/____

Notification of Enrollment: Emailed Left Message Spoke with Date: ____/____/____