

Staff Use Only : Date ____/____/____ Time ____:____#____ Class _____

HIERSTEINER CHILD DEVELOPMENT CENTER
Year-round Reserved Care Application
Fall 2020

- Community
- 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: ____/____/____

Year-round Enrollment

Requested Child Care Schedule

Maximum of 10 hours per day	
Days	Times
Monday—Friday	

Request deviations from normal schedule:

Enrollment Term: August 24, 2020—July 31, 2021

Written notice for withdrawal: two weeks

Payment rates: Listed on opposite side

Payment is due by midnight on the last business day of the billing period for the coming month.

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 and tuition rates as posted. The period of this agreement shall run 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 ____/____/____

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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: ____/____/____