



Montclair **Child**
Development Center

Extended Day Enrichment Program

The MCDC Extended Day Enrichment Program promotes active learning, creative thinking and the development of social skills in a safe and nurturing environment. Our curriculum includes fun and educational activities through music, art, reading, writing, and play.



Hurry!
Registration fee waived for
applications received before
7/31/17



Children ages 2 ½ to 5 years old:
Monday ~ Friday
6:30 am ~ 8:15 am & 3:00 pm ~ 6:30 pm

Children ages 0 to 2 ½ years old:
Monday ~ Friday 3:00 pm ~ 6:30 pm



Please contact FCE Advocates at your site for more information.

Website: www.mcdcnj.org

Montclair Child Development Center
follow us on **@mcdcnj**

Extended Day Enrichment Program Application

Child's First Name: _____ Last Name: _____

Date of Birth: ___/___/___ Age at time of enrollment: Under 2 ½ years old Over 2 ½ years old

Location: Fulton Baldwin William

Teacher: _____ Classroom : _____

Parents or Guardian's Name(s): _____

Address: _____ Home Phone #: _____

Mother's Work Phone # _____ Father's Work Phone#: _____

Mother's Cell# _____ Father's Cell Phone#: _____

Person(s) authorized to pick up your child / Emergency Contacts: (Person must show picture I.D.)

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Name: _____ Relationship: _____ Phone#: _____

Student lives with: Father ___ Mother ___ Step Parents ___ Foster ___ Legal Guardian ___ Other

Primary Language: English Spanish Other: _____

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

Bee Sting Allergy Epi-pen Yes No Other: _____

Asthma Inhaler Yes No Other: _____

Diabetes Insulin Yes No Other: _____

Vision / Hearing Glasses Yes No Other: _____

Other (please write in) _____

Does the MCDC Extended Day Enrichment Program have permission to use photos of your child in educational or promotional materials? Yes: ___ No: ___

Monthly Services Requested (check 1 box only)

<input type="checkbox"/> Under 2 ½ years old Monday to Friday 3:00 pm to 6:30 pm \$375 per month	<input type="checkbox"/> Over 2 ½ years old Monday to Friday 6:30 am to 8:15 am \$160 per month	<input type="checkbox"/> Over 2 ½ years old Monday to Friday 3:00 pm to 6:30 pm \$250 per month	<input type="checkbox"/> Over 2 ½ years old Monday to Friday 6:30 am to 8:15 am and 3:00 pm to 6:30 pm \$350 per month
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Child's Name: _____

Drop in services only (check 1 box only)

<input type="checkbox"/> Over 2 ½ years old Monday to Friday 6:30 am to 8:15 am \$20 per day – if space permits	<input type="checkbox"/> Over 2 ½ years old Monday to Friday 3:00 pm to 6:30 pm \$35 per day – if space permits
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Please read and sign below:

I understand that the MCDC Extended Day Enrichment Program is a **FEE BASED** program. The monthly fee is due prior to the first of the month. The registration fee of \$25 if application is received after 7/31/17 and first month's tuition is due at time of registration.

I understand that **Drop in services** are only available if classroom space permits. The registration fee of \$25 if application is received after 7/31/17 and five days' tuition is due at time of registration (i.e. \$100 - morning, \$175 - afternoon, or \$275 – both) . Once used, I agree to pay five days' tuition prior to next drop in service.

If parent/guardian is eligible for the Programs for Parents, must complete this application and submit with a completed application for Programs for Parents. The registration fee of \$25 if application is received after 7/31/17 and first month's tuition is due at time of registration. If eligible for Programs for Parents and contract is received prior to services, the first month's tuition will be refunded.

Regardless of the program selected, I understand late pick-ups will incur a fee of \$1.00 per minute. This charge must be paid before the end of the month in which the fee was incurred.

Parent or Guardian Signature: _____ **Date:** _____

I will make payment by check or money order payable to **Montclair Child Development Center**. I understand that payment must be received prior to the 1st of the month for my child to receive services.

Please charge my credit card listed below \$ _____ for the registration fee (\$25 if received after 7/31/17) and the first month's tuition of \$ _____. Please charge my credit card listed below \$ _____ for the monthly tuition. I understand and agree to this monthly charge through June 2018.

IF PAYING BY CREDIT/DEBIT CARD FILL OUT BELOW:

VISA, MASTERCARD

CARDHOLDER NAME	CARD NUMBER
CSC/CVV2 (3 DIGIT CODE ON BACK OF CARD)	EXPIRATION DATE

SIGNATURE _____ DATE _____ AMOUNT _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.

For Office Use Only

Parent/Guardian Eligible for PFP: (Yes) _____ (No) _____ (Not Sure) _____

Enroll Date: _____ Initials: _____