

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT Child Development Services

FULL-COST APPLICATION

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Name Last Middle First Sex Birthdate

Home Address Number Street City State Zip Home Telephone

Parent's/Guardian's name Last Middle First

Home Address Number Street City State Zip Home Telephone

Parent's/Guardian's Name Last Middle First

Home Address Number Street City State Zip Home Telephone

How did you select this school? Referral _____ By Whom? _____
Other _____

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------------------------|--------|---------|-----------|----------|--------|
| Service Hours Requested: | | | | | |

| TO BE FILLED OUT BY AGENCY | | | | | | | | | | | |
|------------------------------|-----|-----------------------------------|------|-------|------|------|---------------------------|--------|------|------|------|
| EFFECTIVE Date: _____ | | | | | | | | | | | |
| Name of Child(ren) | | Mon. | Hrs. | Tues. | Hrs. | Wed. | Hrs. | Thurs. | Hrs. | Fri. | Hrs. |
| | In/ | | | | | | | | | | |
| | Out | | | | | | | | | | |
| | In/ | | | | | | | | | | |
| | Out | | | | | | | | | | |
| | In/ | | | | | | | | | | |
| | Out | | | | | | | | | | |
| ENROLLMENT CATEGORY: | | FEE: | | | | | | | | | |
| _____ Full Day | | _____ Full Day @ \$ _____ per day | | | | | Registration Fee \$ _____ | | | | |
| | | | | | | | _____ Paid | | | | |

Child Care Fees are payable on a monthly basis and are **due on the 1st** for the current month. If the 1st falls on a holiday or weekend, the payment must be received prior to the due date. If fees are not received by the 7th day of the month a **\$15 late fee** will be assessed. Fees are based on contracted number of days whether or not the child attends. Reductions in fees are made only when the center is closed. Any refund will be treated as a credit towards future services. **A thirty day notice is required when childcare services are no longer required.**

I have read and understand the above fee policy as well as the operation policies of the center and agree to cooperate with the school in upholding them:

_____ (Parent/Guardian Signature) _____ (Date)

| TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR | | | | | | |
|--|-------------|---------------|-------------|-------------|-------------|-------------|
| Signature of Agency Representative: | | | | Date: | | |
| Student () | Faculty () | Community () | SCC CDC () | SAC CDC () | OEC CDC () | CEC CDC () |