

# Little Blessings Childcare Center



133 Junction Road, Brookfield, CT 06804  
(203) 775-5191  
www.brookfieldcla.org

July 1, 2018 - June 30th, 2019

## Registration Form

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Do they use a nickname? \_\_\_\_\_ Gender: Male / Female

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone# (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ US Citizen: Yes No What country? \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Child's First Language \_\_\_\_\_ Language Spoken at Home \_\_\_\_\_ In which country was your child born? \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

Father/Guardian's Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_ Occupation \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Employer \_\_\_\_\_ Work # \_\_\_\_\_

Mother/Guardian's Cell Phone # \_\_\_\_\_ Email \_\_\_\_\_ Occupation \_\_\_\_\_

Father/Mother's address if different from above \_\_\_\_\_

Are there extenuating family or custody circumstances? \_\_\_\_\_ If so, please explain below \_\_\_\_\_

Does your family attend church? \_\_\_\_\_ If so, where? \_\_\_\_\_ Town \_\_\_\_\_

Student's Grandparents Names:

Maternal \_\_\_\_\_ Paternal \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Other siblings' names & ages: \_\_\_\_\_

Does your child currently attend pre-school/daycare? \_\_\_\_\_ If so, where? \_\_\_\_\_

Please provide a brief description of his/her experience:

What other information about your child would be helpful with his/her adjustment to the center?

Does your child have any special medical, behavioral, or developmental concerns? \_\_\_\_\_ If so, please provide a detailed description, including any documentation you may have and any medications taken. \_\_\_\_\_



Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

**Schedule & Rates: July 1, 2018 - June 30, 2019**  
**Hours: 7:30am - 5:30pm**

**Little Blessings Childcare Center** is for children aged 6 weeks through 3 years old. Age appropriate programs and developmental activities will be provided for these "Little Blessings".

Please indicate which days and times your child will be attending Little Blessings Childcare Center: (Hours are 7:30-5:30)

M    T    W    Th    F                      Time: Drop-off \_\_\_\_\_ Pick-up \_\_\_\_\_  
 Start Date: \_\_\_\_\_

**Registration Fee:**

- \$80 New Students
- \$80 Returning Students

Once registered, you are making a financial commitment to the rates and days indicated. For part-time students, should your child miss a day, no credits will be issued, but we will try to accommodate make up days. Please see teacher for availability .

**Monthly, Weekly, and Daily Rates:**

**Infant & 1 Yr Olds**

**Two Year Olds**

Monthly Rate                      \$1,050/month  
 Weekly Rate - Any portion of 5 days M-F    \$263/week  
 Daily Rates:  
     Four Days      \*if available      \$246/week  
     Three Days     \*if available      \$207/week  
     Two Days        \*if available      \$152/week

Monthly Rate                      \$985/month  
 Weekly Rate - Any portion of 5 days M-F    \$247/week  
 Daily Rates:  
     Four Days      \*if available      \$219/week  
     Three Days     \*if available      \$175/week  
     Two Days        \*if available      \$126/week

- Monthly payments are due by the 10th of each month.
- Weekly payments are due at the beginning of the week.
- Registration fees are nonrefundable
- Monthly tuition payments may be made through an ACH (directly withdrawn from your checking account.)
- Insufficient funds or payments received after the 10th of the month (for monthly payments) are subject to a \$25 late fee.

**Marketing:** How did you learn about CLA?

- Mailer                       Sign Driving By                       CLA Family: \_\_\_\_\_
- Newsletter                 Word of Mouth                       Other: \_\_\_\_\_

- I have read the attached financial policy of Little Blessings Childcare and I agree to the terms set forth in it, including the policy that all monies paid to Little Blessings Childcare are non-refundable.**
- I have read the Statement of Faith, Mission, Philosophy, and Parent Handbook for Little Blessings Childcare Center and I agree to support the administration, faculty, and staff in upholding all policies as well as the mission of the center.**
- I have discussed Behavior Techniques with a staff member at Christian Life Academy and or Little Blessings Childcare Center.**

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

For questions, please call us at (203) 775-5191. Completed applications and fees may be mailed to:  
 Christian Life Academy, 133 Junction Road, Brookfield, CT 06804

