

MCCSC Pre Kindergarten: READY, SET, GROW
 FALL 2008-SPRING 2009
 Pre-School will begin August 13, 2008.

A \$30.00 NON-REFUNDABLE FAMILY ENROLLMENT FEE, BIRTH CERTIFICATE AND IMMUNIZATION RECORD MUST ACCOMPANY EACH FAMILY APPLICATION.

CHILD'S NAME _____ M _____ F _____ BIRTHDATE _____ AGE _____
 NATIONALITY: _____ American Indian or Alaskan Native; _____ Asian or Pacific Islander; _____ Black or African American; _____ Hispanic; _____ More than one race; _____ White.
 1. PARENT _____ PHONE (HOME) _____ CELL PHONE _____ E-MAIL _____

HOME ADDRESS _____ CITY _____ ZIP _____
 EMPLOYMENT _____ PHONE (WORK) _____ EXTENSION _____

2. PARENT _____ PHONE (HOME) _____ CELL PHONE _____ E-MAIL _____
 HOME ADDRESS _____ CITY _____ ZIP _____
 EMPLOYMENT _____ PHONE (WORK) _____ EXTENSION _____

INDICATE WHICH Pre-school PROGRAM YOUR CHILD WILL ATTEND.

<u>Half-Day Pre-School Option</u>	<u>Full Day Pre-School Option</u>	<u>Pre-School Sites</u>
MORNINGS Only: 8:45am-12:45pm	FULL DAY PROGRAM 8:45am - 3:15pm	1. Childs _____
(MON-FRI.): \$75.00 PER WEEK	(MON-FRI.): \$100.00 PER WEEK	2. Clear Creek _____
		3. Highland Park _____
		4. Lakeview _____
		5. Rogers _____
		6. Templeton _____
		7. University _____

Indicate your need for Before and After Care

Before School Full time _____ Before School Part time _____
 Before Pre-School Care: Full time \$20 per child per week. Part time \$6.50 per morning per child. 7:00am to first bell.
 After School Fill Time _____ After School Part time _____
 After Pre-School Care: Full time \$20 per child per week. Part time \$6.50 per afternoon Dismissal to 5:30pm.

Full time payments are due on the 10th of the month. Part time payments are due on the 10th of the following month. Checks should be made out to Ready, Set, Grow or RSG. To credit the correct account, include your child's name and the school term (08-09) you are paying for. Any time a bill is sent a \$5.00 fee will be charged. Fees may increase by \$5.00 with MCCSC School Board approval for August 2008.

IN THE EVENT I AM UNABLE TO DO SO, I GIVE PERMISSION FOR THESE PERSONS TO PICK UP MY CHILD OR BE CONTACTED IN CASE OF EMERGENCY:
 NAME _____ RELATIONSHIP _____ PHONE(HOME) _____ (WORK) _____

NAME _____ RELATIONSHIP _____ PHONE(HOME) _____ (WORK) _____

NAME _____ RELATIONSHIP _____ PHONE (HOME) _____ (WORK) _____

You enroll your child by completing this form, bring a birth certificate, and a copy of immunizations, paying the enrollment fee, and returning all to: SCHOOL AGE CARE; 501 E. NORTH DRIVE; BLOOMINGTON, IN 47401. This MUST be done BEFORE a child enters the program and takes place in the School Age Office ONLY. Questions? Contact the SAC Office at 812-330-7702.