

Husky House, Inc.

LATE Kindergarten Childcare Application for 2018-2019 School Year

Child's Last Name _____ First Name _____ Birth Date _____

(Please, only 1 child per form – Thank You!)

Guardian's Name _____ Phone # _____ Email _____

PLEASE NOTE:

- In order to maintain quality of program and staff, priority in registration is given to families who use Husky House year-round, full time (Monday-Friday). Year-round includes school year (August through June) and a minimum of three full-day weeks (or equivalent) of our summer program.
- Other factors which will be taken into account in determining priority for available spaces will include the number of hours needed each week, whether the child is a returning child, has siblings in the program, and the order in which applications are submitted.
- Please mark the appropriate time blocks for each day you would like your child to attend. **You may not hear from the school until August as to whether your child is a.m. or p.m. Kindergarten - DO NOT wait until then to register with us! Give us your estimate of the number of hours they will be with us for both timings and then alert us when you have confirmation.**
- Sibling discount should only be applied to the 2nd and 3rd (etc.) child(ren) using the fewer number of hours.
- ***Add an extra \$92 for Wednesday afternoon early-dismissal if using fewer than 5 days***
- **** Deduct \$40 for Wednesday early start**

Time Blocks→	7:30 – 9:30		8:30 – 9:30		2:00 – 4:00		2:00 – 5:00		2:00 – 6:00	
Monday										
Tuesday										
Wednesday	**		X		*		*		*	
Thursday										
Friday										
Monthly Rates→	1	\$82	1	\$42	1	\$82	1	\$123	1	\$151
	2	\$162	2	\$81	2	\$162	2	\$244	2	\$289
	3	\$240	3	\$120	3	\$240	3	\$360	3	\$427
(Days per week)	4	\$317	4	\$159	4	\$317	4	\$476	4	\$532
	5	\$395	5	X	5	\$395	5	\$591	5	\$646
TOTALS:	\$		\$		\$		\$		\$	

TOTAL: Please add up your totals according to the time blocks chosen above and carry amounts down:

_____ Total of all time blocks = Monthly Tuition

_____ *Wednesday Addition (\$92)

_____ **Wednesday Deduction (\$40)

_____ Deduct 10% sibling discount if this is 2nd or 3rd child with equal or fewer hours

_____ + \$75.00 Non-Refundable Materials Fee Per Child

= \$ _____ **TOTAL**

I agree to pay tuition in advance of each month based on the requested schedule above and according to the "Enrollment Agreement". This schedule will remain effective each month UNLESS I submit a request to change my child's schedule by the 15th of the preceding month (which requires a \$15.00 fee).

Guardian Signature _____ Date _____

Return this Registration Application to Husky House OR Mail to: Husky House, PO Box 839, Lafayette, CA 94549

Call us with questions at (925) 283-7100

OFFICE USE ONLY:

Approved/Declined _____ Called _____ Posted _____ Inv./Amt. _____ Paid _____ Lic Forms on File _____ Date Rc'd _____

Husky House, Inc.

EARLY Kindergarten Childcare Application for 2018-2019 School Year

Child's Last Name _____ First Name _____ Birth Date _____
 (Please, only 1 child per form – Thank You!)

Guardian's Name _____ Phone # _____ Email _____

PLEASE NOTE:

- In order to maintain quality of program and staff, priority in registration is given to families who use Husky House year-round, full time (Monday-Friday). Year-round includes school year (August through June) and a minimum of three full-day weeks (or equivalent) of our summer program.
- Other factors which will be taken into account in determining priority for available spaces will include the number of hours needed each week, whether the child is a returning child, has siblings in the program, and the order in which applications are submitted.
- Please mark the appropriate time blocks for each day you would like your child to attend. **You may not hear from the school until August as to whether your child is a.m. or p.m. Kindergarten - DO NOT wait until then to register with us! Give us your estimate of the number of hours they will be with us for both timings and then alert us when you have confirmation.**
- Sibling discount should only be applied to the 2nd and 3rd (etc.) child(ren) using the fewer number of hours.
- ***Add an extra \$42 for Wednesday afternoon early-dismissal if using fewer than 5 days***
- Please note there is no 2:30 pick-up option for Wednesday afternoon care. Please select a 4, 5 or 6:00 time block if you need Wednesday after school care.

Time Blocks→	7:30 – 8:15	12:45 – 2:30	12:45 – 4:00	12:45 – 5:00	12:45 – 6:00
Monday					
Tuesday					
Wednesday		XXXX	*	*	*
Thursday					
Friday					
Monthly Rates→ (Days per week)	1 \$43	1 \$72	1 \$132	1 \$159	1 \$193
	2 \$83	2 \$142	2 \$258	2 \$305	2 \$374
	3 \$123	3 \$210	3 \$378	3 \$449	3 \$549
	4 \$152	4 \$278	4 \$467	4 \$561	4 \$689
	5 \$188	5 XXXX	5 \$578	5 \$685	5 \$841
TOTALS:	\$	\$	\$	\$	\$

TOTAL: Please add up your totals according to the time blocks chosen above and carry amounts down:

_____ Total of all time blocks = Monthly Tuition

_____ *Wednesday Addition (\$42)

_____ Deduct 10% sibling discount if this is 2nd or 3rd child with equal or lesser hours

_____ + \$75.00 Non-Refundable Materials Fee Per Child

= \$ _____ TOTAL

I agree to pay tuition in advance of each month based on the requested schedule above and according to the "Enrollment Agreement". This schedule will remain effective each month UNLESS I submit a request to change my child's schedule by the 15th of the preceding month (which requires a \$15.00 fee).

Guardian Signature _____ Date _____

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