

Troy Early Childhood Centers Program Select Form

Circle the location: Site 1 (TECC) Site 2 (TECC, Too) Site 3 (TECC South)

Today's date: _____

Projected start date: _____

Child's name:	
Date of birth:	
Address:	
Name of parents/guardians living with child:	
Telephone number:	

You will be required to pay for all days for which your child is registered. This means that if your child attends Troy Early Childhood Center on an additional day during the week, you will be required to pay an additional fee for that day. We do not exchange days.

Upon receipt of this form and your \$50 registration fee, we will place your child on our enrollment list. This fee is non-refundable and will enable us to plan for the correct number of classes. If your requested class is full at the present time, you will be contacted upon the first available opening.

Tuition fees are payable the first day of each week that your child is registered to attend. Please review the tuition policy for the cost of the program for which you have selected based on the number of days your child is registered to attend.

I understand that the cost of my child care is \$_____ per week, payable at the beginning of each week.

Parent signature _____ Date _____

How did you hear about our services?

____ Chamber of Commerce ____ Newspaper ____ Online ____ Phone book ____ Friend: _____