

Happy Day Learning Center
 1111 Preakness Ave, Wayne, New Jersey 07470
 A Ministry of Calvary Temple
 (973) 694-3584 www.hdlcnj.com

REGISTRATION FORM

In order for us to process this registration form, all information must be filled out; please print legibly.

_____ New Enrollment _____ Re-enrollment (from current year) Age by Nov. 1, 2018 _____

How did you hear about us? *(new families)* _____

Child's Full Name: _____
 (First) (Middle) (Last)

Home address _____
 (Street) (City) (Zip Code)

Sex: M or F Birth Date: ____/____/____ Church you attend _____

Calvary Temple Member? Y N (circle) Sr. Pastor's Signature _____

Father/Guardian's Name _____ Phone (Home) _____
 Employer Name _____ Employer Address _____
 Phone (Work) _____ Phone (Cell) _____ Email _____

Mother/Guardian's Name _____ Phone _____
 (Home) _____
 Employer Name _____ Employer Address _____
 Phone (Work) _____ Phone (Cell) _____ E-mail _____

If parents are Separated or Divorced (*circle one*), with whom does the child live? _____

If someone else is responsible for bill other than above address:

Name _____ Relationship _____

Mailing Address _____
 (Street) (City) (Zip Code)
 Phone (Home) _____ (Work) _____

Other children attending Happy Day Learning Center: Name(s): _____ Age(s): _____

PRESCHOOL: Days your child will attend (please circle): Monday Tuesday Wednesday Thursday Friday

Please Circle (one) Program: 2 half days 3 half days 4 half days 5 half days
 2 full days 3 full days 4 full days 5 full days
 2 days with Daycare 3 days with Daycare 4 days with Daycare 5 days with Daycare

KINDERGARTEN: ___ 8:45 - 3:00 ___ DC

CONTRACT

1. **The Registration Fee and Book Fees** must accompany this form. Registration fees are non-refundable. Payment may be made by cash, check, or credit card. Make checks payable to Happy Day Learning Center.
2. Children are accepted on an annual basis. The tuition rate is for the total academic session (Sept. 6, 2018 - June 13, 2019). It may be prepaid or divided into 10 monthly installments. **The installments will be August 6, 2018 - May 5, 2019.**
3. If it is necessary to withdraw your child, a (30) day written notice must be given to the school to avoid additional tuition payments. (No exceptions will be made)
4. In order to adjust school or daycare hours, administrative authorization must be given.
5. All children will participate in physical activities & field trips unless parents have a physician's order.
6. The development of true Christian character and the Christian way of life as shown in the Bible will be an integral part of our program, curriculum and discipline policies.
7. Each child's legal guardian will be responsible to meet all financial obligations as outlined in this contract. This is not an option.

Your signature constitutes acceptance of the terms and conditions listed above as well as in the Parent/Student Manual, which can be obtained in the school office.

Legal Guardian's Signature _____ Date _____

For Office Use Only:

Date Received _____

Cash Amount \$ _____ Credit Card Amount \$ _____

Check Amount \$ _____ Check # _____

Registration Fee \$ _____ Security Fee \$ _____ Book Fee \$ _____ (4 K, Kindergarten)

Annual Tuition \$ _____ Discount \$ _____

(circle) CTM - 10% 20% Multiple Child

Start Date _____

Age/Class entering into:

Infant 1yr. 2yr. 3yr. 4yr. old Kindergarten Kindergarten