



Masonic Care Community Child Care Center

"We're the Foundation of Your Child's Education"

Application for Registration/Waiting List Form

Mother/Guardian

Name: _____ Phone: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Father/Guardian

Name: _____ Phone: _____ Work: _____

Address: _____ City: _____ State: _____ Zip: _____

Childs Name: _____ Date of Birth: _____

Please indicate if you are a/an: Employee Mason Outsider

Full time enrollment will get priority placement.

Full time is considered 5 days a week. Part time is 2 or more days.

Time

Infant Program (6 weeks-12 months)	M	T	W	TH	F	Drop off _____	Pick Up _____
Waddler Program (12 months-24 months)	M	T	W	TH	F	Drop off _____	Pick Up _____
Road Runner Program (24 months-36 months)	M	T	W	TH	F	Drop off _____	Pick Up _____
Senior Tikes Program (2 1/2-3 years old)	M	T	W	TH	F	Drop off _____	Pick Up _____
Junior Einstein's Program (3, 4, 5 years old)	M	T	W	TH	F	Drop off _____	Pick Up _____
Senior Einstein's Program (3, 4, 5 years old)	M	T	W	TH	F	Drop off _____	Pick Up _____
M T W TH F						Drop off _____	Pick Up _____

Are you eligible for Child Care Subsidy? Yes / No

If yes, Case Worker Name: _____ County: _____ Case Number: _____

Parents are required to adhere to their registered schedules
so we can maintain the State Required Teacher-to-Child Ratios.

I acknowledge that the non-refundable registration/waiting list fee does not guarantee my child enrollment in the Center. My child's enrollment will be confirmed once I accept an available opening and all tuition agreements are signed.

Registration Fee: \$30.00 per child (non-refundable)

Re-registration Fee: \$20.00 per family (non-refundable)

Parent Signature: _____

Date: _____

---Administration Use Only---

CHECK #: _____

RECEIVED BY: _____

DATE: _____

If you would like more information or to schedule a tour, please call the Masonic Care Community Child Care Center.
The Center is open Monday-Friday, 6:30am-5:30pm