



Online Registration Form

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 the tuition agreement is signed.

Mother/Guardian

Name: _____ Phone: _____ Work: _____

Address: _____ City: _____ State: _____ Zip _____

Father/Guardian

Name: _____ Phone: _____ Work: _____

Address: _____ City: _____ State: _____ Zip _____

Childs Name: _____ Date of Birth: _____

Please indicates if you are a: Employee Mason Outside Community Members

Are you an employee of Masonic? Department Name: _____

Are you a Mason? Lodge name/ #: _____

**Employees of Masonic Care Community will get priority enrollment.
Full time enrollment will get priority placement.**

Please Circle Program

- Infant Program (6 weeks-12 months)
- Waddler Program (12 mo.-24mo.)
- Road Runner Program (24 mo.-36 mo.)
- Senior Tikes Program (Transitional Room)
- Junior Einstein's Program (3, 4, & 5 year olds)
- Senior Einstein's Program (3, 4, & 5 year olds)
- MCC Summer Program (5 - 12 years olds)
- (Child must have completed Kindergarten)

Please Circle Scheduled Days

- Monday—Friday
- Monday, Wednesday, Friday (PT)
- Tuesday, Thursday (PT)

Time Drop Off _____ Pick Up _____

Parents are required to adhere to their registered schedules so that we can maintain the State required Teacher-to-Child ratios. A registered time of over 9 hours will be charged a extra fee. Rates are subject to change.

County Assistance

Are you eligible for Child Care Subsidy? Yes / No

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

Parent Payment Agreement

I agree to the above enrollment and payment plan, and further agree to pay my child care fees weekly on the first day that my child attends. I understand that I must pay for all days that my child is absent.

Signature _____ Date _____

For Masonic Care Community Employees—All Employees are required to be payroll deducted

I hereby authorize the Masonic Care Community Child Care Center to payroll deduct my childcare fees on a bi-weekly basis.

Signature _____ Badge # _____ Date _____

Department _____ Ext. _____ Supervisor _____

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