

OFFICE USE ONLY:

CASH

CHECK

#

DATE RECEIVED:

Children's Center 178 Mechanic St. * Lebanon, NH 03766 * 603-448-1615

APPLICATION FOR ENROLLMENT

Please complete all information requested and return this application with a non-refundable application fee of \$30.00

Desired enrollment date:

Desired weekly schedule (circle preferred days): Monday Tuesday Wednesday Thursday Friday

Name of child: _____ Date of Birth: _____

arent or Guardian:
Address:
hone number:
mail:

Parent or Guardian:	 	
Address:	 	
Phone number:	 	
Email		

Additional Information

Child lives with:	Both Parents	Mother o	nly	Father Only	
Legal Guardian	Foster Par	entD	CF/DCYF	Other:	

Primary Language spoken at home:						
Do you have any developmental concerns for your child? Yes No						
Please explain:						
Are you working with any agency to secure enrollment for your child?						
YesNo If yes, please explain:						

Tuition Fees: We offer a sliding fee scale based on your family's gross yearly income. The rates are divided in to three categories Infants (Sprouts and Ladybugs), Toddlers (Tiny Turtles) and Preschool (Panda and Grizzly).

We will need your income verification prior to enrollment if family's gross annual income is under \$125,000 and ask you to update it every year thereafter.

Please indicate your family's gross yearly income:

\$0-\$30,000	\$60,001-\$70,000	\$100,001-\$125,000
\$30,001-\$40,000	\$70,001-\$80,000	\$125,001+
\$40,001-\$50,000	\$80,001-\$90,000	
\$50,001-\$60,000	\$90,001-\$100,000	

Parent/ Guardian Signature

Date

Statement of Non-Discrimination: Children's Center of the Upper Valley does not discriminate on the basis of race, creed, religion, marital status, sexual orientation, national origin, sex, age or disability.