



Intent to Register

Ann W. Wickman
Childcare Development Center
703 Linn St.
Atlantic, Iowa 50022
Phone 243-2553

Date _____

We intend to register our child in childcare for the _____ school year.

Center is open from 5:30 am to 6:00 pm Mon. through Fri. by Registration only

We request he/she be placed in the: **(check one)**

- Infant room: 6 wks to 12 months _____
- 13 months to 18 months _____
- 19 months to 26 months _____
- 2 year old room _____
- 3 year old room _____
- 4-5 year old room _____

Fees: A \$50.00 non-refundable Registration Fee.

Tuition: Monday through Friday 5:30 am to 6:00 pm.

\$25 dollar Materials Fee twice a year: April 1st and Oct. 1st.

\$5 fee each day for schedule not turned in after Wednesday at 9:00 am.

10% discount given for additional children in families.

For pricing information, please call the center at 712-243-2553, and set up a tour time.

Late fees will be charged at \$5.00 a minute past the 6:00 pm closing time.

Breakfast is provided upon request, and will be charged a \$2.00 fee for each breakfast.

Children's Full Names _____ Date of Birth: _____

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Children's Full Names _____ Date of Birth: _____

Children's Full Names _____ Date of Birth: _____

Parent's names (please print) **We need a copy of your child's birth certificate on file.**

Mother

Father

Address _____

Phone Number **Home** _____ **Work** _____