

## Burlington Community School District Corse Early Childhood Center Child Care Registration

CALLANDON CENTER	Date	of Registrati	ion:		
Child Name:				Date o	of Birth:
Parent:	First	MI	Last	Phone	):
Address:					
	et Address			C	ity/State/Zip
Date Requested to Begi	n:		Email Address:		
Schedule Requested: _	0-12	Month Old C	Childcare - Full Da	y 6:30 A	M-6:00 PM
Please mark option desired _	1 Year Old Childcare - Full Day 6:30 AM-6:00 PM				
	2 Year Old Childcare - Full Day 6:30 AM-6:00 PM				
_	3 Yea	r Old Wrap	Around Care 6:30	AM-6:00	PM (includes Preschool)*
_	*3 Year ( **4 Year	Old Preschool payr Old Preschool Pai	ment included in cost d for by SWVPP Funding ust be in the PM with wrap a		PM (includes Preschool)** re option
WITH A \$50.00 NON-REF GUARANTEES YOU A PLACE REGISTRATION REQUIRES A READ THE PAR	JNDABLE REGIN THE CENTA MANAGER CRENT HANDS	GISTRATION FE TER ON THE DA CONTACT YOU F OOK AND AGRE	E PER CHILD. PAYMEN TE GUARANTEED UP T FOR FINAL APPROVAL. I EE TO FOLLOW THOSE F	T OF THIS F O 30 DAYS I ALSO AGRI	
PARENT SIGNATURE					DATE
AMOUNT PAID FOR REGISTRATION		CRE	DIT/DEBIT CARD	CASH	CHECK #
MANAGEMENT SIGNATURE		Complete f	form and return to	<u> </u>	DATE
		-	/ Childhood Cente		
		Attn: Child 711 S. I	I Care Registration Leebrick Street opton, IA 52601		
Ques	tions? Call	l 319-753-270	7 or email ciara.wal	echka@b	csds.org
race, c gende. practi Equity Coordi	color, national of ridentity, and s ces. If you have nators. For Edu	rigin, sex, disabilit socioeconomic stat e questions or a gr acational Programs	ity School District not to d ty, religion, creed, age, mar tus, in its educational progr ievance related to this polio : Cory Johnson, Director o irector of Human Resource	ital status, se ams, and its e cy please cont f Curriculum,	exual orientation, employment cact the district's cory.johnson@bcsds.org
		<u>Office</u>	e Use Only:		
Enroll Date:			-		
Rcvd Date:					