

**Montgomery County Community College
Children's Center Registration Form – Fall 2017**

Today's Date: _____ Name of Child: _____ Male ___ Female ___

Date of Birth: _____ Parent/Guardian: Community ___ MC3 faculty ___ MC3 Staff ___ MC3 student/ID# _____

Home Address: _____ Town, Zip: _____

Parent/Guardian Name/Address: _____

Cell phone Number: _____ Cell Phone Carrier: _____ E-mail: _____

Parent/Guardian Name/Address: _____

Cell phone Number: _____ Cell Phone Carrier: _____ E-mail: _____

I, _____, wish to enroll _____ for
 ___ Students/faculty: 17 weeks of Fall semester (Week of 8/28/17 through 12/15/17, see Center Calendar for closed days). Start date: 8/30/17
 ___ Staff/community: Week of 8/28/17 through 6/15/18, see Center Calendar for closed days. Start date: 8/30/17
 ___ 12 months registration (September through August, available only with full time enrollments, see reverse for details).
 ___ Pre-K Counts Calendar

Discounted MCCC Student/ fees:
 Ages 3-5: \$6.05 per hour, \$210 full time
 Ages 24-36 mos.: \$6.60 per hour, \$225 full time.

Standard (community) weekly fees:
 Ages 3-5: \$8.50 per hour , \$260 full time.
 Ages 24-36 mos.: \$9.55 per hour \$280 full time.

Discounted MCCC Faculty/Staff fees:
 Ages 3-5: \$7.15 per hour, \$225 full time
 Ages 24-36 mos.: \$7.75 per hour, \$245 full time

Please note: 2 day per week and a total of 8hours/week is the minimum enrollment. All children attend the 9-12 noon time slot. All available drop-off and pick-up times are listed below; half hour options are not available. A grace period of 15 minutes either before or after the hour is allowed for all schedules (i.e. 9am drop-off can be as early as 8:45 am without incurring an extra charge).

Check for full time _____.	Monday	Tuesday	Wednesday	Thursday	Friday
9-12 noon (Required) Includes snack*					
Additional hours:					
8 am drop off					
1 pm pick-up Includes lunch*					
3 p.m. pick-up					
4 p.m. pick-up Includes snack*					
5 p.m. pick-up					
Total Hours					

Complete the following to determine weekly fee and total registration fee:

Total number of hours per week _____ x hourly rate _____ = weekly fee _____ x 2 weeks = _____ (security deposit).

The security deposit is applied to the final 2 weeks of the semester or at the time of written notice of withdrawal.

To register: Enclose registration fee of \$30 plus insurance fee of \$15.00 and the security deposit, for a total of \$_____.

Waiting list: Enclose \$30 registration fee, only. No fee for Pre-K Counts waiting list. *See reverse for meal fees.

Parent/guardian signature, on back, plus nonrefundable fees required to reserve a space.

The Children's Center serves meals under the Child and Adult Care Food Program from September to mid June. In order to receive federal funds, representatives of the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer: ___day ___evening ___time ___letter ___telephone (home) ___telephone (work). Anticipated daily meal participation corresponds with child's schedule, above

More about Registration and Related Fees

The Registration and insurance fees are non-refundable and must be paid at the time of enrollment to reserve a space for your child. Registration and insurance fees for all families will be due for Fall Semester, Fall Semester and Summer (excluding 12 month registrations, see below). The security deposit will be applied to your child's final two weeks of care.

*Meal fees:

The Center provides a nutritious lunch from September to mid-June (see Center calendar for exact dates). The Center is partially reimbursed for the food costs by the CACFP, based on family income. Families who do not qualify for free meals will pay the following rates for partial and full paid meals \$.40 or \$3.35 per day for lunch, \$.15 or \$.85 for snack. Families who do not complete the CACFP form will be charged the full paid rate for meals.

12 month registrations (September to August):

One annual registration fee of \$30 is required. This option is available only for full time, full year schedules. Please refer to the Center calendar for closing dates. Insurance fees are due each semester. One week vacation, not charged, is available with 2 weeks prior written notice.

Sibling discount: One registration fee is due per family. For families enrolling 2 or more children in the Children's Center 15 hours (or more) per week (per child) there is a 10% discount on the weekly fees for the oldest child.

Payment of fees:

Payments are accepted through Tuition Express, at the MCCC Enrollment Services Windows or at the Center, in the reception desk drop box. Weekly payments are due in advance of the time used, by Friday at 1 p.m. A late fee of \$10 per week will be applied to unpaid balances. The Children's Center reserves the right to terminate enrollment for unpaid balances over two weeks.

Late Pickup: \$15 an hour is charged for late pick-ups when the Center is open. After closing time a fee of \$15 plus \$1.00 per minute will be charged.

Holidays/Emergency Closings/Child Illness or Absence: Full tuition is due for all weeks, including those in which in-service/holidays/emergency closings/illness/absence occurs. Other days may not be substituted. The Children's Center will close for inclement weather or other emergency conditions when MCCC closes. Credit or refunds are not given for illness or other unplanned child absences. Please refer to the Center calendar for closing dates.

Schedule changes: MCCC students will be permitted to change their schedules once during the first 2 weeks of the semester without additional charge. All other schedule changes will be subject to a \$15 change fee.

Required Forms: PA state regulations require parents to provide a completed Emergency Contact Form. A Child Health Form with up-to-date immunizations is required for children attending for more than 60 days and must be updated annually. Refer to the Parent Handbook for documentation required for children with serious medical concerns. The Center must be notified immediately of any changes to the Emergency Contact Information and signed updates to this form are required every six months.

Written notice is required two weeks prior to withdrawal for any reason.

I have read and understood the information above as well as the Parent Handbook.
I agree to comply with all Center policies.

Children's Center Director

Date

Signature of Parent/Guardian

Date

Mail form and payment to: MCCC Children's Center, 340 DeKalb Pike, Blue Bell, PA 19422
Questions: dravacon@mc3.edu or 215-641-6618

MCCC is an equal opportunity provider and employer and is committed to assuring equal opportunity to all persons and does not discriminate on the basis of race, color, sex, religion, national origin, age, applicable disability, sexual orientation, gender identity, reprisal, political beliefs, marital status, familial or parental status in its educational programs, activities, admissions, or employment practices as required by Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act, and other applicable statutes. There is no discrimination in care, in admission policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing within 180 days of the incident to the USDA, Director, Office of Civil Rights, Washington, D.C. 20250

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint, please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.), please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). USDA is an equal opportunity provider and employer".