**STATEMENT OF INTENT**

*Please fill in the information below and return to the above address* ***as soon as possible.******A non-refundable family enrollment fee of $20.00 is required along with this form to reserve space for your child (children).***  *\*Space will be limited and will be provided on a first-come, first-serve basis.*

CHILD’S NAME Date of Birth

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If more space is needed attach a separate sheet of paper.

Regarding tuition I agree to the following schedule:

* Have applied for outside assistance and include a copy of my most recent income tax for income verification

 (Weekly Rate – Assistance = Weekly Tuition)

* Do not qualify for outside assistance and would like to be considered for the CLCCC scholarship assistance. I have included a copy of my income tax for income verification

 ((Weekly Rate (w/scholarship) = Weekly Tuition)

* Choose to waive any financial assistance and have included a signed Income Statement Waiver

 (Weekly Rate=Weekly Tuition)

Families with more than one child enrolled may deduct 10% from each additional child’s weekly fee.

All openings are full week enrollments and the program will operate from 7:00AM – 6:00 pm

Please indicate the approximate hours your child (children) will be in attendance:

Parent or Legal Guardian:

Address:

 Phone #: e-mail

Parent or Guardian Signature

 **$20.00 per Family Enrollment Fee Enclosed Cash \_\_\_\_ Check Date­­­­:\_\_\_\_\_\_\_\_\_**