



Main Street Day Care / After School Program Enrollment Agreement

Child's Full Name: _____ Child's Age _____

Child's Date of Birth: ___/___/___ Grade 2023-24 _____ Gender: _____ Shirt Size _____

Any known allergies? _____

Any medical concerns? _____

Are they advised by a doctor to take any medicines regularly that we need to administer? _____

*Payments are due the Friday before the week begins through our Brightwheel App.

*Schedule must be consistent week to week.

	FULL TIME 4-5 DAYS PER WEEK	PART TIME 2-3 DAYS PER WEEK
	Cost Per Day	Cost Per Day
Infant 0-17mo	60	75
Waddler 18mo- 29mo	55	70
PreK 30mo-5yrs (2 ½- up)	50	65
School Breaks 9am-3pm (PreK)	50	65
School Breaks 9am-3pm (School Aged)	40	50
Before Care (School Aged)	10	
After Care (PreK & School Aged Breaks)	20	
After School Program 3-6pm	20	

My child will attend the daycare weekly on the following days (please circle which applies):

Mondays Tuesdays Wednesdays Thursdays Fridays

Start Date: _____

Main Street Day Care's hours of operation are 7am-6pm. **Summer Hours: 7:30am-6pm.**

***Upon enrollment the following is required:

- Complete application
- Registration fee of \$20/child (this fee is due every year)
- Current medical records (immunization & universal health records) *For ages 4 & under
- 1st week's tuition *For ages 4 & under



Enrollment Agreement (continued)

Discounts & Fees

- The oldest sibling will receive a 10% reduction in tuition rates if enrolled in full time childcare.
- Church members (someone who attends and serves at the church regularly) will receive a 10% reduction in tuition rates of the oldest enrolled child.
- Tuition is due on a weekly basis the Friday before the week starts through our Brightwheel App. A reminder will be posted on the App. **A late fee of \$25.00 will be charged if the tuition is not paid on the due date.**
- A fee of **\$20.00** is charged for every 10 minute increment that your child(ren) remains in our care after 6pm.
- There will be a **\$35.00** fee for any check that is returned to our facility.
- In quoting our rates, we have taken into account snow days, holidays, illnesses, and vacations into consideration and there will be no credits given. Sorry for any inconvenience. We do not allow school aged children to attend during delayed openings or early dismissals from school due to weather or emergencies. **Tuition is due whether your child attends or not.**
- School will be closed on the special holidays and staff training days listed on the attached Special Holidays 2023-24 Form and updated annually; **tuition is still due for these holidays and closures.**
- Main Street Child Care requires 30 days written notice of termination of services OR a full payment will be required. Rates and holidays are subject to change annually two weeks prior notice will be given.

I have read and understand this enrollment agreement:

Parent/Guardian Signature _____ Date: _____

Please return this application in person or through email. Please use these emails for all other inquiries as well.

Ages 4 & under: please email msadaycare@gmail.com.

Ages 5-13: please email msadaycamp@gmail.com.



2023-24
CALENDAR CLOSURES FOR SPECIAL HOLIDAYS
Day Care & Day Camp

September 2023

Labor Day Monday 9/4
Staff Training Tuesday 9/5

October 2023

November 2023

Thanksgiving Thursday 11/23 & Friday 11/24

December 2023

Christmas Eve Observance Friday 12/22
Christmas Monday 12/25

January 2024

New Years Day Monday 1/1
Staff Training Day Friday 1/12
Martin Luther King Monday 1/15

February 2024

President's Day Monday 2/19

March 2024

Good Friday Friday 3/29

April 2024

Easter Monday 4/1

May 2024

Staff Training Day Friday 5/24
Memorial Day Monday 5/27

June 2024

Juneteenth Friday 6/21

July 2024

July 4th Thursday 7/4 and Friday 7/5

August 2024

**Follow Stafford School District for inclement weather closings.

MEDICAL DECLARATION STATEMENT FOR SCHOOL-AGE CHILD CARE

(AND/OR FOR CHILDREN ENROLLED IN PUBLIC OR PRIVATE SCHOOL)

CHILD'S NAME:	DATE OF BIRTH:	GRADE IN SEPTEMBER:
HEALTH STATEMENT (CHECK ONE)		
<input type="checkbox"/> My child is in good health and can participate in the normal activities of the program and has no conditions or special needs that require special accommodations.		
<input type="checkbox"/> My child can participate in the normal activities of the program but has conditions or special needs that require special accommodations as indicated below.		
SCHOOL-AGE CHILD'S SPECIAL CONDITIONS OR NEEDS REQUIRING SPECIAL ACCOMMODATIONS		
Please list any allergies, medical conditions, including chronic health problems (such as asthma, seizures), behavioral disorders, special needs, etc.		
PARENT/GUARDIAN SIGNATURE:	DATE:	