

The French City Child Care Center

300 3rd Avenue, Gallipolis, OH 45631

Application



Starting Date: ___/___/___

Please Print A Copy Of This Form And Bring It With You On Your First Day

Name Of Child:	Date: / /
Date Of Birth: / /	Phone:
Address:	City:
State:	Zip Code

Name Of Parent

Mother	E-Mail:
Father	E-Mail:

Other

Parent's Employment

Mother	Phone:
Father	Phone:
Other	Phone:

I agree to enroll my child as a Part or Full time student at the French City Child Care Center. I will be billed on this basis regardless of days missed by my child.

I also agree that if my child is going to be absent from the Center, when scheduled to attend, I will contact the Center by phone before 9:00am to let them know.

All tuition is due by Wednesday of current week. The Center operates fully on tuition, if tuition is late a \$3.00 a day late fee will be added to bill. If tuition continues to be delinquent this may result in the termination of service.

Signed: _____ Date: ___/___/___

Registration fee must be enclosed with this Application \$25.00, Plus \$25.00 for Supply Fee and 1st week tuition are due on Child's first day.