

Bowling Green State University
Child Development Center
Registration Form

Start Semester: Fall & Spring

Year _____

Name of child _____

Birth date: month _____ day _____ year _____ Male Female

Session Preference: circle one AM (8:30 – 11:30) PM (1:00 – 4:00) School day (8:30 – 4:00)

Location Preference: CDC @ Johnston Hall M–F \$820. /semester half days, \$1700. school days
CDC @ The Jordan Center M–TH \$675. /semester half days, \$1400. school day

Parent(s) Name(s) _____

Home Address: _____

Home Phone: _____ email _____

Business or campus address: _____ Phone _____

Payment Plan

____ I would like to pay the total all at once at the beginning of each semester \$820. (half day) or \$1700. (school day) August and January

____ I would like payment split into halves \$410. (half day) or \$850. (school day) Aug. Sept. and Jan. Feb.

____ I would like 4 monthly installments \$205. (half day) or \$425. (school day) Aug. Sept. Oct. Nov. and Jan. Feb. Mar. Apr.

I understand failure to pay on time may lead to my child being dropped from the roster.

Signature _____ date _____

****Return form with \$30.00 non-refundable registration fee to secure your child's spot on the roster.**

Children must be toilet trained meaning they take themselves to the bathroom when they have to go (urine and feces) with rare accidents. Arrangements can be made for children with documented special needs. These are Day Care Licensing regulations.

OFFICE USE ONLY:

Date received _____ Reg. fee Paid (check #) _____ (cash) _____