



CHAUTAUQUA LAKE CHILD CARE CENTER
100 NORTH ERIE STREET
MAYVILLE, NY 14757
716-753-5851



Fed. EIN 20-5027676

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: _____