

L.E.A.P. Childcare

2018—2019 Registration Form

Child's Name				
Age				
Parent/Guardian's Na	ıme			
Phone #1:				
E-mail address:				
Please check off the ONLY):	e schedule needed	for the upcoming yea	ar (2 Day, 3 Day & 5	Day options
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Parent/Guardian Sigr	nature		Date	

Registration Fee of \$100.00 must be included to hold your spot. This fee is non-refundable.

Please drop off this form or mail it to:

James L. McKeown Boys & Girls Club of Woburn Attn: L.E.A.P. Childcare
Charles Gardner Lane

Woburn, MA 01801

Additional paperwork is also needed in order to begin the program.

The **monthly** tuition rates for the 2018-2019 year is as follows:

2 Days: \$580.00

3 Days: \$831.00

5 Days: \$1,235.00

By signing this form, I agree to pay for my child's allotted spot whether he/she attends school or not. These days include sick days, inclement weather closings (up to 5), weekly and extended vacations, staff professional days and holidays that L.E.A.P. Childcare is closed for.