Mt. San Antonio College
Child Development Center

Requested Care Hours

PLEASE PRINT

Child’s Name:  
Child’s Birthdate:  

Mom’s Name:  
Mt. SAC I.D. Number:  

Dad’s Name:  
Mt. SAC I.D. Number:  

Status (Check box that applies):  
- Veteran  
- Staff/Faculty  
- DCFS

Duration of Care Requested:  
- Fall 20__  
- Winter 20__  
- Spring 20__  
- Summer 20__  
- Between Semester 20__  
- Annual 20__ (Tuition Program Only)

As part of this request, parents must agree to abide by the following Center policies:

1. Parents MUST abide by contracted hours. Please add travel time to your requested contract hours. All tuition/fee based families must contract for a minimum of 20 hours per week.

2. Parents must notify the Center of absences. The Center phone number is: (909) 274-4920.

3. Parents are allowed ONLY TWO (2) CONTRACT CHANGES PER SEMESTER and ONE (1) PER INTERSESSION. No changes will be accepted after the 14th week of each semester OR after the 3rd week for intersessions.

4. ALL TUITION MUST BE PAID UPON RECEIPT. Tuition is considered delinquent by the 10th of each month during regular semesters. A $25.00 late fee will apply for each week of delinquency up to termination of contract.

5. TO OFFICIALLY TERMINATE A CONTRACT, complete a withdrawal form and submit to the office. Please note: WE DO NOT GIVE REFUNDS OR TUITION CREDIT IF CONTRACTED CARE IS NOT USED OR FOR EARLY WITHDRAWAL. We require at least two (2) weeks’ notice for withdrawal or a penalty may apply.

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Office Use Only

Class:  
Rate:  
Requested Start Date:  
Requested End Date:  

By signing this request, I am agreeing to abide by the hours I have listed above and state that I have read, understand, and agree to abide by the Center policies.

Parent or Legal Guardian Signature:  
Date:  

CDC Representative Signature:  
Date:

Revised 10/13/15