

OAKLANDON CHRISTIAN CHURCH
A DAY IN THE SON

REGISTRATION GUIDELINES FOR 2007-2008

Please review the following information for details pertaining to next year's registration procedures. If you have any questions regarding this information, please contact the director, Cindy Martens at 823-6815. Office hours are Wednesday and Friday, 9:00 am to 1:00 pm during the school year. During the summer, messages are returned weekly. **Please note that registration fees are required at the time of enrollment. In addition, one month's tuition is required by July 1, 2007. This will apply to your last month's tuition. A \$25 late fee will be added to any advanced tuition fees not received by July 10, 2007. THESE FEES ARE NON-REFUNDABLE.**

If your child is currently enrolled in our program, your family is eligible for Priority Registration. If your child is not currently enrolled, you may attend any of the Open Registration dates listed below. Please be advised that all openings are available on a "first come" basis. Your child's spot is reserved when paperwork is completed and payment is provided.

PRIORITY REGISTRATION

Wednesday, February 14, 2007	9:00 am to 1:30 pm
Friday, February 16, 2007	9:00 am to 1:30 pm
Wednesday, February 21, 2007	9:00 am to 1:30 pm
Friday, February 13, 2007	9:00 am to 1:30 pm
Wednesday, February 28, 2007	9:00 am to 1:30 pm
Friday, March 2, 2007	9:00 am to 1:30 pm

OPEN REGISTRATION

Wednesday, March 7, 2007	9:00 am to 1:30 pm
Friday, March 9, 2007	9:00 am to 1:30 pm
Wednesday, March 14, 2007	9:00 am to 1:30 pm
Wednesday, March 16, 2007	9:00 am to 1:30 pm
Wednesday, April 11, 2007	9:00 am to 1:30 pm
Wednesday, May 9, 2007	9:00 am to 1:30 pm

FEES FOR 2007-2008

Nursery Care	Registration Fee	\$60 / 75
	One Day / Two Days Monthly Fee	\$80 / 160
One Day Program Ages 2-3	Registration Fee	\$60
	Monthly Fee	\$70
Two Day Program Ages 2-3	Registration Fee	\$75
	Monthly Fee	\$140
Three Day Program Age 4-5	Registration Fee	\$90
	Monthly Fee	\$190

Registration fees listed above apply only to enrollments paid and received before August 1, 2007. **Late Registration fees paid on or after August 1, 2007**, increase to \$75 for one-day enrollments, \$90 for two-day enrollments, and \$105 for three-day enrollments.

HEALTH FORM REQUIREMENTS

If you are enrolling your child at **A Day in the Son** for the first time, you will be required to have a Health and Immunization Record completed and signed by your child's physician. Please refer to the guidelines attached to the health form for shot requirements according to your child's age. Well-child exams must be on or after March 1, 2007, to be considered current. If you are re-enrolling your child, we will review your child's health record during registration to determine if any updates are needed.

Health forms and required updates must be on file as of our start date or your child will not be able to attend class. You may have this information mailed to Oaklandon Christian Church, Attn: A Day in the Son, 6701 Oaklandon Road, Indianapolis, IN 46326, or faxed to the church at 317-823-4383. If you are unable to meet this requirement, please contact the director or assistant director at the number listed on Page 1.

PROGRAM DATES

The 2007-2008 **A Day in the Son** year will begin **August 29, 2007**. Program hours are Monday, Wednesday and Friday from 9:00 am to 1:00 pm, with scheduled holiday breaks. Complete program dates will be provided with your Parent Handbook which you will receive at Parent Orientation. Payments will be due the first Wednesday of every month, starting August 29, 2007. Checks should be made payable to Oaklandon Christian Church, A Day in the Son (OCC-DTS) and placed in the provided blue envelopes.

INFORMATION CHECKLIST

Please make sure to bring the following information with you to registration.

- _____ Home, work, cell phone and pager numbers for both parents
- _____ Names, phone numbers, birth dates for those authorized to pick up child
- _____ Name and phone number for child's physician
- _____ Insurance provider and policy number
- _____ Name of preferred hospital
- _____ Information pertaining to known allergies/medical condition for your child
- _____ Names and phone numbers for emergency contacts

PLEASE NOTE...

We strongly encourage you to obtain a cell phone, if you do not already have one. In several instances, we have been unable to reach parents during program hours. We realize this is discretionary time for parents, and we welcome that. However, if a child becomes ill, is hurt, forgets a lunch or lacks a change of clothes, we need to be able to reach you. Please keep this in mind if you plan to be inaccessible by phone during DTS hours.

Thanks so much for your interest in our program!