

Lowcountry Children's Co-op

www.lowcountrychildrensco-op.com

Registration Form

Date Submitted: _____

Child

First Name: _____ Last Name: _____ Nickname: _____

Age: _____ Date of Birth: _____ Gender: _____

Is there anything else you would like for us to know about your child?

****Note:** Regretfully, we are not able to accept children with specialized medical needs at this time.

Parent/Guardian:

First Name: _____ Last Name: _____

Date of Birth: _____ Cell: _____ Work: _____ Other: _____

Email 1: _____ Email 2: _____

Relationship to Child: _____

Marital Status: Married: _____ Single: _____ Divorced: _____

Parent/Guardian:

First Name: _____ Last Name: _____

Address: _____

Date of Birth: _____ Cell: _____ Work: _____ Other: _____

Email 1: _____ Email 2: _____

Relationship to Child: _____

Marital Status: Married: _____ Single: _____ Divorced: _____

2017 – 2018 LCC Tuition

Please circle the program that best fits the needs of your family:

Full Day/Half Day	Hours	Monthly Tuition
Monday-Friday (Full)	7:00-6:00	\$1050
Monday, Wednesday, Friday (Full)	7:00-6:00	\$800
Monday-Friday (Half)	7:00-12:30/12:30-6:00	\$600
*Infant Room	7:00-6:00	\$1200

- At this time we do not offer a part time program for the infant room.
- A 15% sibling discount is provided for each additional child attending our full-time program.