

ICC TODDLER PROGRAM

ICC TODDLER PROGRAM, FEES & ENROLLMENT FORM

Ages 18 Months - 3 Years

ICC TODDLER Program is a joyful first step into the world of learning, in a warm, nurturing, and culturally diverse environment. Our teachers provide thoughtfully designed play-based enriching experiences that allow young children to explore, discover, and be ready to thrive. Through music, movement, stories, sensory exploration, creative activities, and indoor and outdoor play, children build confidence, independence, friendships, and essential early skills. We operate as a licensed program under the State of California, adhering to all regulatory standards.

Program	Days	Time	Monthly Fees
Half Day Program	M-F	9:00 am - 3:00 pm	$1500
Full Day Program	M-F	9:00 am - 5:00 pm	$1850
Full Day Extended Care	M-F	8:00am – 6:00 pm	$1940
One time Registration Fee (Non-refundable)			$200

TERMS & CONDITIONS:

- Fees are payable one calendar month in advance and are NON-REFUNDABLE.
- For any reason a parent wants to cancel their child's enrollment, one full calendar months' notice is required. In the absence of such calendar months' notice, parents will be responsible for paying a full month's fee in lieu of notice.
- Monthly fees are not apportionable for any vacation or sick days off
- Fees include diapering, morning snack, lunch, and afternoon snack/milk.

ICC TODDLER PROGRAM Contact: Director/ School Site Supervisor

Email: ICCPreschool@indiacc.org

Call: (408) 228 -1157

www.indiacc.org/toddler-program



ICC TODDLER PROGRAM

Child's Full Name:

_____

Current Age: _____ Birth Date: _____ /_____ /_____ Sex (Circle): M / F
MM DD YY

Primary Language spoken at Home: _____

Program interested in: Half Day _____ Full Day _____ Extended Full Day _____

Is your child potty trained: YES _____ NO _____

Address _____ _____ _____ _____
Street address Apt# City State Zip code

Father's Full Name:_____

E-mailAddress:_____

Phone: Home ( ) _____ Work: ( ) _____ Cell: ( )_____

Occupation:_____CompanyName:_____

Mother's Full Name: _____

E-mai lAddress:_____

Phone: Home ( ) _____ Work: ( ) _____ Cell: ( )_____

Occupation: _____ Company Name: _____

Are both parents residing at the same address as the Child's? Yes _____ No _____

If not, please provide the other address:

Address _____ _____ _____ _____
Street address Apt# City State Zip code

Emergency Contact Full Name: _____

E-mail Address:

_____

Phone: Home ( ) _____ Work: ( ) _____ Cell: ( )_____

How did you hear about the ICC Preschool Program? Check one:

Friend _____ Family _____ Neighbor _____ Internet _____ Flyer _____ Radio _____

Instagram _____ Facebook _____ Next Door _____ Community Event _____ Other _____

Signature: _____ _____

Date: _____ _____

PARENT/S **DIRECTOR**