ICC TODDLER PROGRAM, FEES, & ENROLLMENT FORM 2022-2023

Ages 18 MONTHS - 3 years

ICC TODDLER Program is a licensed program run by professionally trained teachers. It is a play based learning program which is held in a culturally stimulating environment that provides and facilitates age appropriate Developmental Curriculum and Activities for your young ones. It includes Indoor and Outdoor activities and the COVID-19 Protocol is strictly followed by trained and fully vaccinated Staff. Program includes vegetarian meals. Fees are subject to change due to any unforeseen increase in the cost to run the program.

<table>
<thead>
<tr>
<th>Program</th>
<th>Days</th>
<th>Time</th>
<th>Monthly Fees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Program</td>
<td>M-F</td>
<td>9 am - 1 pm</td>
<td>$870</td>
</tr>
<tr>
<td>Half Day Program</td>
<td>M-F</td>
<td>9 am - 3 pm</td>
<td>$1070</td>
</tr>
<tr>
<td>Full Day Program</td>
<td>M-F</td>
<td>9 am - 5 pm</td>
<td>$1400</td>
</tr>
<tr>
<td>Full Day Extended Care</td>
<td>M-F</td>
<td>8:30 am - 5:30 pm</td>
<td>$1500</td>
</tr>
<tr>
<td>Diaper Change Charges</td>
<td></td>
<td></td>
<td>$100</td>
</tr>
<tr>
<td>One time Registration Fee</td>
<td></td>
<td></td>
<td>$150</td>
</tr>
</tbody>
</table>

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 month’s 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.
- Includes breakfast, lunch, and afternoon snack/milk.

ICC TODDLER PROGRAM Contact: Assistant Director/ School Site Supervisor
Email: kilma@indiacc.org | jasmin@indiacc.org
Call: (408) 934 -1130 x 225 | www.indiacc.org/toddler-program

525 Los Coches Street Milpitas, CA 95035 • www.Indiacc.org

ICC is a community supported 501(c) (3) non-profit organization, which aims to unite, serve and celebrate the local and Indian community. Our Tax ID Number is 52-2351119.
INFORMATION:

Child’s Full Name: ____________________________________________________________

Current Age: _______ Birth Date: _____ / _____ / ______ Sex (Circle): M / F

Primary Language spoken at Home: ______________________________________________

Program interested in: Morning _____ 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-mail Address: _____________________________________________________________________________________

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

Occupation: __________________ Company Name:________________________

Mother’s Full Name: _________________________________________________________________________________

E-mail Address: _____________________________________________________________________________________

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

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: __________________________________________________________________________

(WE WILL CONTACT THIS NUMBER FIRST AFTER CALLING 911 IN CASE OF AN EMERGENCY)

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

ASSISTANT DIRECTOR

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