



**ICC
TODDLER
PROGRAM**

ICC TODDLER PROGRAM, FEES, & ENROLLMENT FORM

January - December 2024

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 an 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.

Program	Days	Time	Monthly Fees
Half Day Program	M-F	9 am - 3 pm	\$1290
Full Day Program	M-F	9 am - 5 pm	\$1650
Full Day Extended Care	M-F	8:00am – 6:00 pm	\$1825
One time Registration Fee (Non-refundable)			\$175

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 includes diapering, morning snack, 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.



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INFORMATION:

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-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: _____

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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