



ICC TODDLER PROGRAM, FEES & ENROLLMENT FORM

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. The 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	9:00 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: kilma@indiacc.org jasmin@indiacc.org

Call: (408) 228 -1160

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



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