

**FOOTHILL INFANT CENTER  
LIC# 406203152**

**335 E. Foothill Blvd.  
San Luis Obispo, California 93405**

**Financial Admission Agreement**

**ANNUAL FAMILY REGISTRATION FEE: \$100.00  
INFANT CARE PER MONTH: \$1,047.00**

Credit on tuition is not given for regularly scheduled school holidays.  
Tuition rates are determined by averaging the tuition for the year's total school days into monthly installments.

Start Date \_\_\_\_\_

End Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Present age \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Child Resides with: \_\_\_\_\_

Home Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Father's Occupation: \_\_\_\_\_

Employed at: \_\_\_\_\_ Employed at: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is there anyone who CANNOT PICK UP YOUR CHILD? \_\_\_\_\_

Legal Consent to pick up child if not able to reach legal guardian:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of illness/minor injury and parents CANNOT be reached, I give my legal consent for the school to call or take my child to the following:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date