



Date of Application _____ Desired Enrollment Date _____
 Child's Name _____ Date of Birth/Due Date _____
 Parent/Guardian Name(s) _____ School District _____
 Email _____ Phone _____
 Are you CCW eligible (200% poverty level)? _____ Are you PKC eligible ? _____
 (3 or 4 by Sept. 1st & up to 300% poverty level)

Tuition Rates Effective January 1st 2025

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrival					
Departure					

Classroom	Schedule Monthly rate	5 hours/day <input type="checkbox"/>	8 hours/day <input type="checkbox"/>	10 hours/day <input type="checkbox"/>
Nursery 6 wks	5 days/week <input type="checkbox"/>	\$ 905	\$ 1,305	\$ 1,572
	4 days/week <input type="checkbox"/>	\$ 724	\$ 1,044	\$ 1,257
	3 days/week <input type="checkbox"/>	\$ 543	\$ 783	\$ 943
Younger Toddlers 1 yr by Sept 1st	5 days/week <input type="checkbox"/>	\$ 863	\$ 1,240	\$ 1,492
	4 days/week <input type="checkbox"/>	\$ 691	\$ 992	\$ 1,194
	3 days/week <input type="checkbox"/>	\$ 518	\$ 744	\$ 895
Older Toddlers 2yr by Sept 1st	5 days/week <input type="checkbox"/>	\$ 816	\$ 1,170	\$ 1,406
	4 days/week <input type="checkbox"/>	\$ 653	\$ 936	\$ 1,125
	3 days/week <input type="checkbox"/>	\$ 490	\$ 702	\$ 844

Classroom	Schedule Monthly rate		8 hours/day <input type="checkbox"/>	10 hours/day <input type="checkbox"/>
Pre-K 3 or 4 yr by Sept 1st	5 days/week <input type="checkbox"/>		\$ 1,019	\$ 1,215
	4 days/week <input type="checkbox"/>		\$ 815	\$ 972
	3 days/week <input type="checkbox"/>		\$ 612	\$ 729
			After School Only	Before & After School
School Age K-3rd Grade	5 days/week <input type="checkbox"/>		\$ 493	\$ 672
	4 days/week <input type="checkbox"/>		\$ 400	\$ 544
	3 days/week <input type="checkbox"/>		\$ 304	\$ 414
Summer Camp School Age K-3rd Grade	Schedule Weekly rate	6 hours/day	8 hours/day	10 hours/day
	5 days/week <input type="checkbox"/>	\$ 211	\$ 260	\$ 311
	4 days/week <input type="checkbox"/>	\$ 168	\$ 208	\$ 248

Please check the box indicating the classroom and schedule. Priority full-week (4-5 day/week) enrollment; Initial registration fee \$75/100 family; re-enrollment fees \$75/100 (i.e. summer withdraw and fall re-enrollment); No annual registration year-round enrollment; Sibling discount 5% each child. Extra hours beyond scheduled \$10 hour; breakfast, lunch & snack included (based on hours enrolled); sunscreen included & wipes/diapers program available for \$1/day.

Admission, the provision of services and the referrals of clients to Riverview Children's Center shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including limited English proficiency), age (40 and over) or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth).

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.