



Inspire, Equip, Empower

Taylor ISD-CDC Enrollment Form

Employee Name: _____ Cell Phone # _____

Employee's Home Address: _____

Employee Campus: _____

Guardian Name and Phone number (if different from above):

Child(ren) name and birthday:

** If you are expecting a child and would like to reserve a place during the school year, please indicate the approximate date that they would be entering the CDC and the approximate age of the child when entering the CDC.*

Preferred Payroll Deduction Option: *(Choose One) * *See payroll deduction schedule options Monthly tuition for 10 months: September – June \$ _____

Monthly tuition for 12 months: September – August \$ _____ (deductions will run concurrently with the employee's regular pay cycle)

End of Day Care for Pre-K 4 and Kindergarten: \$200 per month (Only available for CDC graduates)

Deposit required: \$50.00 per child. Check # _____
Please make a check payable to Taylor ISD.

Deductions will start in September through August of each school year. These payments do not run a month behind as your September deduction will be for September care. This is not the same as paychecks run for the prior month. When care ends you will receive your deduction for the current month that your child is in child care and for the August payment.

Discounts are given when you have two children enrolled. The discount will be given on the older child receiving care.

Deposit is refundable if the CDC is notified prior to July 15th.

Return to CDC Program Director or Send form and deposit through interoffice mail to: Child Development Center Or mail form and deposit to: Taylor ISD Attn: CDC 3101 N. Main St. #104 Taylor, Texas 76574

For Office Use Only	
Deposit Recieved _____	Date _____
Rate Change _____	Rate Change Date _____
Notes:	