



Citi Family Center ~ School's Out In the Citi

October 2019

Name of Child(ren):

1. _____ DOB ____/____/____ Allergies: _____
2. _____ DOB ____/____/____ Allergies: _____
3. _____ DOB ____/____/____ Allergies: _____

Please initial next to the days your child(ren) will attend along with their schedule:

- Duval County- 10/18

Type of care needed	Fri 10/18
Daily	

***Listed below is the tuition table for daily care.

DAILY	
1 Child	\$30
Per Family	\$50

- Tuition Payments must be paid online **at the time of service** or a \$5 per day late fee will be applied to your account. If not paid by end of day 10/18 it will be payroll deducted. _____ (Initials)
- All cancellations or reductions to the scheduled attendance must be made **one-week in advance**; otherwise, you will be charged for each day reserved. There are no credits for sick days. _____ (Initials)
- We must receive a minimum of five total reservations to offer care on a particular day. _____ (Initials)

Signature: _____

Date: _____

Print Name: _____

GEID #: _____

Email: _____

Phone Number and extension: _____

Please email the form to bhjax.cfc@gmail.com or drop off the form at the center.

If you have any questions, please contact the front desk to 954-5437.



Office Use Only Reservation Received Date: _____ Time: _____ Signature: _____