



470 East Meadow Avenue,
East Meadow NY 11554

225 Fox Boulevard,
Merrick NY 11566

Where Every Child Blossoms

www.littlegardenschildcare.com

Main: 516-280-9696 Fax: 516-280-9694

20__ / 2023__ Tuition Agreement Form September- June

A non Refundable Deposit of \$100 MUST be submitted with this application

Childs Name: _____ Monthly Tuition _____

18-months-2's Program:

Extended Care 5 days (7am-5:30pm)\$1850 Month/ \$462 weekly _____

Full Day

5 Days (8am-4pm)..... \$ 1350 Month/ \$337 weekly _____

3 Days (8am-4pm).....\$ 1044 Month/\$ 261 weekly _____

Mini Session:9am-2:30pm

5 Days _____ \$ 925 Month// \$ 231 Weekly _____

3 Days _____ \$ 840 Month/\$ 210 Weekly _____

3-5 Year Old Program- (Please choose program)

Extended Care 5 Days (7am-5:30pm)\$1780 Month/ \$445 Weekly _____

Full Day

5 Days (8am-4pm)..... \$ 1280 Month/ \$320 weekly _____

3 Days (8am-4pm).....\$1008 Month/\$252 weekly _____

Mini Session:9am-2:30 pm

5 Day- _____ \$880 Month// \$220 Weekly

3 Day- _____ \$792/ Month/\$198 Weekly

DAYS OF CARE: (Please check days): ___ M ___ W ___ F ___ OR M-F _____

School Age -@10hr- 5-9 Years Old _____

DAYS OF CARE: (Please check days): ___ M ___ W ___ F ___ OR M-F _____

EARLY CARE AND EXTENDED CARE

\$10/HR (If more than 8 hours are needed.)

Available from 7am-5:30pm

Early Care: (7:00 am-8:00 am) (circle days needed)

Days: M T W Th F **Hours:** _____ - _____ @10hr \$ _____

After Care: (4:00pm-5:30pm) (circle days needed)

Days: M T W Th F **Hours:** _____ - _____ @10hr \$ _____

Parent Initial: _____



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Total Fees: \$ _____

Deposit: \$ _____

Parent Initial: _____