



BARVINOK 2
Children's Cultural Center, Inc.
45 Clovelly Rd
Stamford, CT 06902
Tel: 203-658-8022
E-mail: barvinok2ccc@gmail.com

REGISTRATION FORM

If you wish to reserve a spot in our daycare for 2025-2026 academic period, please return this form along with a nonrefundable deposit of \$300 cash or check (check should be written for - Barvinok 2 Children's Cultural Center, Inc. and mailed at 45 Clovelly Rd, Stamford, CT 06902).

Child's Name: _____

Child's Date of Birth: _____

Desired Start Date: _____

3s program (2.8-3 years old) ☐

4s program (4-5 years old) ☐

Full week, full day (M-F, 8:00 am - 5:30 pm) - \$1470/month ☐

Full week, half day (M-F, 8:00 am - 1:00 pm) - \$1050/month ☐

Partial week (2 days, 8:00 am - 5:30 pm) - \$672/month (please indicate the days you choose)

Monday ☐, Tuesday ☐, Wednesday ☐, Thursday ☐, Friday ☐

Partial week (3 days, 8:00 am - 5:30 pm) - \$1008/month (please indicate the days you choose)

Monday ☐, Tuesday ☐, Wednesday ☐, Thursday ☐, Friday ☐

Partial week (4 days, 8:00 am - 5:30 pm) - \$1344/month (please indicate the days you choose)

Monday ☐, Tuesday ☐, Wednesday ☐, Thursday ☐, Friday ☐

Any day, 2 days minimum, afternoon hours, \$10/hour (if available)

Monday ☐, Tuesday ☐, Wednesday ☐, Thursday ☐, Friday ☐

The tuition fee is calculated based on the following rates: \$350 per week (full time), \$250 per week (part time), \$80 per day (partial week, full time).

Priority is given to students enrolled full time (full week, full day). All other options will be considered based on space availability.



Parent's name: _____

Parent's phone number: _____

Parent's email: _____

Parent's signature: _____

Date: _____