



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 2024-2025 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

Full week, full day (M-F, 8:00 am - 5:30 pm) \$350/week

Full week, half day (M-F, 8:00 am - 1:00 pm) \$250/week

Any day, 2 days minimum, 8:00 am - 5:30 pm, \$80/day, (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

4s program

Full week, full day (M-F, 8:00 am - 5:30 pm) \$350/week

Full week, half day (M-F, 8:00 am - 1:00 pm) \$250/week

Any day, 2 days minimum, 8:00 am - 5:30 pm, \$80/day, (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

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: _____