

SDCDA REGISTRATION
Sanford Children's CHILD Services
1115 West 41st Street
Sioux Falls, SD 57105
605-333-0698 childsrv@sanfordhealth.org

Step 1: Demographic Information—PLEASE PRINT

Name: _____

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Home Address: _____

City: _____ State/Zip: _____

Date of Birth _____ Home Phone: _____

Email: _____

Center
Name: _____

Work Address: _____

City: _____

Step 2: Choose Setting

- Center-based preschool setting Center-based infant/toddler setting Family Child Care setting
- Transfer from Infant/Toddler Certificate

Step 3: Select Start Date

January _____ September _____

Step 4: Choose Payment Option: *READ THOROUGHLY*

100% Self Pay

***SDCDA Tuition Scholarship**

- No, Application not yet submitted
- Yes, Application submitted ____/____/____

**Until verification is received, you are responsible for all fees associated with the SDCDA program*

Please Initial _____

***Employer will make payments directly to CHILD Services.**

**CHILD Services will send a "Letter of Intent to Pay" to the employer listed below. Until verification is received, you are responsible for all fees associated with the SDCDA program.*

Please Initial _____

Employer (if different than above) _____

Address _____ City/State _____ Zip _____

Step 5: \$95.00 Registration Fee Enclosed

Registration fee needs to be paid before you will receive books and council packet.

Cash or **Check #** _____ Please make checks payable to CHILD Services.

Please Initial _____

Step 6: PLEASE READ CAREFULLY

I understand that I am not officially enrolled in the SDCDA program and will not receive textbooks until the \$95.00 registration fee has been paid in full. I understand that I am ultimately responsible for the total cost of the SDCDA Program whether alternative financial assistance is verified. I understand that a transcript will be issued when the tuition is paid in full.

Signature: _____ Date: _____

OFFICE USE ONLY

Entered into CHILD Database; given to Peachtree Mgr: Initial _____ Date _____

Entered into Peachtree; returned to CDA Coordinator: Initial _____ Date _____

Payment Information Verified: Initial _____ Date _____