

Child Information

Registration Date: _____

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Grade/Class: _____

Child's Address: _____

Gender: Male Female Date of Birth: _____

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Photographs: May we maintain a photo of your child for security purposes? Yes No

School Directory: Would you like your family to be included in our school directory? Yes No

Church Home: _____ Attends Church Regularly: Yes No

Parent/Guardian Information

Parent /Guardian 1 First Name: _____ M.I. _____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Church Home: _____ Attends Church Regularly: Yes No

Parent /Guardian 2 First Name: _____ M.I. _____ Last Name: _____

Address: _____

Date of Birth: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Work Address: _____ Work Phone: () _____

Custodial Parent (If married, mark both parents) Email: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Relationship to Child: Mother Father Grandparent Foster Parent Other _____

Mark All that Apply: Child Lives With Emergency Contact Authorized Pickup

Is there is other information you would like us to know?

Church Home: _____ Attends Church Regularly: Yes No

Emergency Contacts & Authorized Pickup Persons: (you may make additional copies as needed)

1st Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

2nd Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

3rd Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

4th Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

5th Contact/Pick Up First Name: _____ M.I.____ Last Name: _____

Address: _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

How did you hear about our program: _____

Tuition / Payment Information:

Yearly tuition may be divided by the nine school months and paid out on a monthly basis.

Monthly payments for tuition are due on the 1st of each month. A late fee of \$10 will be posted to your account after the 6th of each month. If you are one month past due on tuition, your child cannot return to school and we will no longer hold your child's spot.

Preschool 9:00-2:00

Tuition for 2-day program \$1440/year or \$160/month

Tuition for 3-day program \$1890/year or \$210/month

Non-refundable registration fee: \$50.00 due upon registration

May 2011 tuition is due by Monday, June 7, 2010. This tuition is refundable only if withdrawal from our program is done BEFORE July 31, 2010. After July 31st, May 2010 is not refundable unless you withdraw due to a job transfer. Please bring a letter on corporate letterhead regarding the transfer.

Kindergarten 8:30-2:30

Tuition for 3-day program \$2340/year or \$260/month

Non-refundable registration fee: \$75.00 due upon registration

Curriculum Fee: \$250.00 due the 1st Monday in June

Tuition is based on a full program and will not be reduced due to illness or absence.

Thirty days written notice is required for withdrawal, so we will have time to fill the vacated spot.

You are responsible for the full amount within that 30 day period.

Signature:

I have read the above regarding my financial obligation and do hereby agree to the terms set forth:

Signature of Parent/Guardian: _____ Date: _____

Thank You!