

Parent/Guardian Information

Registration Date: _____

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

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Last 4 Digits of SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

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

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

[] Custodial Parent (If married, mark both parents) Last 4 Digits of SS#: _____

Email: _____ Driver's License #: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st choice _____ 2nd Choice _____

Child's Information

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

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

Child's Address: _____

Gender: [] Male [] Female Date of Birth: _____ Child's S.S. #: _____

First Date of Anticipated Enrollment _____ (if other than Sep 1, 2013)

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

Allergies: _____

Pediatrician's Name: _____ Phone: () _____

Address: _____

Notes & Comments: _____

Photos: May we photograph your child for security purposes? [] Yes [] No For Newsletters etc [] Yes [] No

Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Able to pick up following child only _____

2nd Contact/Pick Up Name: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Able to pick up following child only _____

3rd Contact/Pick Up Name: _____ Phone: _____
 Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____
 Able to pick up all children in the family Able to pick up following child only _____

Tuition & Schedule Standard Day is 8:30am to 4:00pm

Schedule 5 Day 3 Day 2 Day Tuition Amount \$ _____
 Early Care 7:30 -8:30am *Extended Care* 4:00- 6:00pm \$ _____
 Total amount to be automatically debited every Monday via **Tuition Express**© \$ _____

The tuition is billed EVERY WEEK! No Credit for School Recess / Holidays / School Days / Vacations etc

Please note that the tuition amount is billed every week for the entire year. We do not operate on a month-to-month basis. The reason that we bill every week, is to make it easier & more manageable for families to budget their expenses. Holidays, school recess, vacations, sick days etc have already been factored in into the tuition fee.

Deposit Amount of 4 weeks tuition \$ _____ is due to secure your placement, and will be refunded at the end of the year (August 30th). If you dis-enroll before the end of year, you will be refunded 100% of your deposit with 60 days advance notice of your termination date, or 50% of your deposit with 30 days advance notice.

A **Late Fee** of \$1.00 will be charged for each minute that you pick up your child past your schedule. This is meant to ensure that we allow our teachers, who work diligently all day long, the opportunity to go home to their own families and obligations in a timely manner. This fee will be added to your following week's tuition bill.

Signature:

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

School Director Signature: _____ Date: _____