



Kindergarten Registration 2016-2017

Student's Information

Name (First and Last) _____

Circle one Boy Girl DOB _____

Parent's Information

Mother's Name _____ Father's Name _____

Home Address _____ City _____ Zip _____

Home # _____ Mom's Cell # _____ Mom's Work # _____

Dad's Cell # _____ Dad's Work # _____ Cell Phone Provider _____

Mother's Email _____ Father's Email _____

Tuition for Kindergarten is \$10,600 for the program and includes all school materials. (work books, testing materials, folders, pencils, crayons, markers and color pencils)

Upon enrolling for Kindergarten, we collect \$1,060 non-refundable tuition. Additional payments will be made based on the payment option selected. There is a saving when choosing the 1 or 2 payment option.



Fees will be directly deducted from your checking or statement savings account on dates agreed on based on your selection below. There are no deductions in tuition due to absences, snow days, holidays or vacations.

Note: You must check one of the tuition payment options below.

Tuition Payment Options	Payment Amount	Tuition (non-refundable) Due Dates	Total
___ One Additional Payment	\$8,940	Aug. 25, 2016	\$10,000
___ Two Additional Payments	\$4,620	Aug. 25, 2016 & Jan. 25, 2017	\$10,300
___ Nine Additional Payments	\$1,060	Aug. 25, 2016 thru Apr. 25, 2017 (monthly)	\$10,600

EMERGENCY INFORMATION

In case of an Emergency, if I cannot be reached please contact:

1st Name _____ Phone # _____ Relation to child _____

2nd Name _____ Phone # _____ Relation to child _____

Physician's Name: _____ Phone # _____

Does your child have any allergies or dietary restrictions? _____

Does your child have any special needs or issues (medical, physical, etc.) _____

HEALTH INSURANCE INFORMATION

Health Insurance Carrier _____ Member Name _____ Effective

Date _____ Member ID Number _____ Group Number _____

CUSTODIAL INFORMATION

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child please explain below and attach a copy of appropriate documents (Court Order).

Not Applicable Yes, this situation applies (please explain)

I UNDERSTAND AND AGREE:

- To the policies and requirements outlined in the "Parents Handbook" including the payment of tuition which is due on the 25th day of the previous month through an electronic fund transfer and the "Information to Parents Statement". Specifically I understand that Full Tuition is due regardless of holidays, snow days, short-term illness, or vacations. School hours are 7:00am – 6:30pm. An additional charge will be assessed if your child remains after closing time (see fee schedule). All returned transactions will be assessed a penalty to cover bookkeeping corrections (see fee schedule).
- In the event that a medical emergency occurs, I authorize Little Treasures Learning Center to seek emergency medical care for my child as deemed necessary by the Director and I authorize such medical service provider to carry out required emergency treatment.
- I understand that if my child has allergies or food sensitivities their name and allergy information will be posted in the classroom.
- I understand and agree that my child will be photographed at the school, that the pictures will be used and/or printed for classroom use and/or displays, and that these pictures may be available to be shared and/or printed amongst other parents at Little Treasures. I hereby grant permission for Little Treasures to photograph my child(ren) and use these pictures for brochures and website purposes.
- My Child has my permission to participate in the rock wall climbing activities once he/she is age eligible for Pre-K program. I understand that the rock wall climbing activities will be for the children age 3-9 years of age. I, the undersigned, waive Little Treasures Learning Center from any claims for injuries to my child while participating in this activity.

Mother's Signature

Father's Signature

Date

Did Someone Refer you? Yes No If Yes, who? _____