



**Student's Information**

Name (First and Last) \_\_\_\_\_

Circle one Boy Girl      DOB \_\_\_\_\_

## Kindergarten Registration 2016-2017

**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 \$1,060 per month 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. The other (9) payments start on August 25, 2016 and end on April, 25, 2017.

**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.**

Did Someone Refer you?  Yes       No      If Yes, who? \_\_\_\_\_

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

1<sup>st</sup> Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation to child \_\_\_\_\_

2<sup>nd</sup> 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 25<sup>th</sup> 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