



Kindergarten Registration 2018-2019

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 # _____ Mother's Email _____ Father's Email _____

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

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

Tuition for Kindergarten Program is \$11,100 for the academic year. This fee is inclusive of our full day program and covers our hours 7:00am to 6:30pm. In addition, the tuition includes all school materials (work books, testing materials, folders, pencils, crayons, markers, color pencils and more).

Upon registering for our Kindergarten Program, we collect \$1,110 non-refundable tuition. The other (9) payments will be taken monthly beginning on August 25, 2018 and end on April 25, 2019.

Fees will be directly deducted from your checking or statement savings account. 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:

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