

Kinder Kids Preschool

1028 east Tabernacle #103 St. George Ut. 986-0505
Fall Registration Form 2009-2010

Child's Name: _____

Date of birth: _____ male or female: _____

*child must be 3yrs.& 6mons.(3 _ yrs. old) by Sept.2008 and be fully potty trained

Parent Name: _____ relationship: _____

Address: _____ home #: _____

City: _____ state: _____ zip code: _____ alt phone #: _____

Employer: _____ work #: _____

Parent Name: _____ relationship: _____

Address: _____ home #: _____

City: _____ state: _____ zip code: _____ alt phone #: _____

Employer: _____ work #: _____

Please indicate if child's parents are married divorced single

With whom does the enrolling child live with? _____

Please indicate if we need to be aware of any other custody conditions:

Please list any other individuals that are authorized to pick up your child. They will be required to bring picture ID in order to pick up.

1. Name: _____ relationship: _____

2. Name: _____ relationship: _____

In case of an emergency whom should we contact: (if neither parent can be reached)

Name: _____ phone#: _____ relationship: _____

Name: _____ phone#: _____ relationship: _____

Registration cont.

Please circle what year your child will start kindergarten.

Aug. 2009 Aug. 2010 Aug. 2011

Children must be 5 yrs of age by Sept. 1st 2008 in order to be eligible for Washington County School District kindergarten.

Please list any special needs or allergies to foods or any other substance:

Please list any health conditions we may need to be aware of:

Please list any other information that will help us work with your child:

Is your child immunizations current and if so upon request would you be able to supply us with a copy. If not why: _____

Class Times & Tuition Costs

Please mark which session you want your child to attend.
(slots will be granted on first come first serve basis.)

- session 1 - 5 day AM class \$240 monthly Mon. - Fri. 9:30-12:00
- session 2 - 5 day PM class \$240 monthly Mon.- Fri. 1:00-3:30
- session 3 - 3 day AM class \$150 monthly Mon. Wed. Fri. 9:30-12:00
- session 4 - 3 day PM class \$150 monthly Mon. Wed. Fri. 1:00-3:30
- session 5 - 2 day AM class \$110 monthly Tues. & Thurs. 9:30-12:00
- session 6 - 2 day PM class \$110 monthly Tues. & Thurs. 1:00-3:30

Fall 2008-2009

Kinder Kids Inc. Preschool Contract

Thank you for your interest in enrolling in Kinder Kids Preschool. In order to make the daily operation of our program run smoothly, we ask our enrolling parents to read and fully understand the following statements. Please initial next to each statement and sign and date the bottom of the page. Thank you.

I understand the **\$40.00 registration fee and 1/2 of first month's tuition** must be paid, registration form and contract must be completed and turned in, in order to have my child at registration status.

(2day/\$95, 3day/\$115, 5day/\$170) remaining balance due on first day of school.

I agree to have monthly tuition pre-paid by the 5th of every month **after the 5th a late fee of \$20.00 will be added to your monthly fee.**

I understand that if my child does not attend for any reason, (I.e. illness, vacation or other) I am still responsible to pre-pay my monthly tuition by the 5th of every month. **There is no pro-rating for short months or sick days.**

I understand that the parent that sign's the contract is responsible for payment.

I understand that if I am making a payment it needs to be prior to class starting or after class. Payments may be dropped in the payment box.

I understand that if I have a returned check I will pay the returned check fee of \$25.00 plus the amount of the check in cash or money order.

Our school year ends in May, in the event of an early withdraw the following conditions apply. If I need to withdraw my child *(before December 2008) I understand it is my responsibility to give a 30 day notice, by signing a early withdrawal form supplied by Kinder Kids.

Failure to turn in a withdrawal form, and give a 30 day notice will result in fees, including the monthly tuition fee that accrued during the 30 day period. (example: 3 day parents will be charged \$150.00) ***after January no withdraws will be excepted, remaining year tuition will be required in order to withdraw after January.**

Contract continued:

I understand that my child will be at least 3yrs. & 6 mons. Old (3 1/2yrs.) prior to starting preschool.

I understand that my child must be fully potty trained (no pull-ups i.e. diapers)

It is your responsibility to bring your child in the preschool and sign them in upon drop off and out upon pick up.

Please be prompt in bringing your child to preschool and picking them up.

I under stand there will be a late pick up fee of \$5.00 every 15 minutes fees will start to accrue 15 minutes after scheduled dismissal time.

I agree to dress my child appropriately for play and art activities.

I understand that if my child has a communicable illness, the preschool must be

notified and he/she are unable to attend until the illness is properly treated.

___ I understand that if my child will be absent it is my responsibility to call and notify before the daily session starts.

___ I agree to let the preschool know if any changes in phone numbers or addresses from those listed on registration form.

___ I release liability from Kinder Kids and will not hold them responsible for any emergency, medical or surgical expenses that may accrue in a medical emergency.

___ In the event of an emergency, I release permission for medical treatment to be administered to my child if deemed necessary by or under the direction of a medical official.

___ I give permission for my child to be transported in the event of an emergency to receive medical attention, when neither parent or emergency contact listed can't be contacted.

Child's name: _____

Parent's name (please print) _____

Parent's signature: _____

Date: _____

Parent Questionnaire

Please complete this survey and return the form to the preschool. The information will help us to become better acquainted with your child. Feel free to use additional paper as necessary. We would like to thank you in advance for providing this useful information.

Child's Name: _____ Date of birth: _____

By what name do you usually call your child? _____

Does your child have any disabilities including allergies that we should be aware of? If so please explain: _____

What terminology does your child use regarding the use of the bathroom? _____

If your child has attended preschool before was the experience enjoyable? _____

Does your child have tantrums? _____

Does your child suck his/her thumb or fingers? _____

If your child has unusual fears, what are they? _____

Does your child use any of the following at home? (please circle)

Crayons scissors pencils chalk markers play dough

9. What foods does your child like? _____

10. What foods does your child dislike? _____

11. List the names and ages of other children in your family.

12. What do you see as your child's strengths? _____

13. Is there any area in which you anticipate difficulty for you child? (ex: sharing, following directions) _____

14. what goals do you have for your child? _____

15. What other information would you like us to know about your child?

Thank you for taking the time to fill out this questionnaire.

Parent's Signature: _____

Automatic Payment Withdrawal Form

Kinder kids preschool is offering you an automatic payment option. If you'd like the convenience of having your tuition payment automatically withdrew from your account or credit card (Visa or MasterCard) , fill out the attached form and return with enrollment form.

On the 1st of each month you will need to have the amount due available for withdrawal. Your information will be kept secure and will only be ran by administration.

Child's name: _____
Name on card: _____
Card type: _____ **expiration date (mm/yy)** _____
credit or debit: _____ **pin # if debit:** _____
Credit card number _____
Monthly amount to be withdraw:\$ _____
Signed by card holder: _____