

Registration Form

Registration Date: _____ Start Date: _____

Child's Name: _____ Sex: ___ Age: ___ DOB: _____

Mother/Guardian:

Name: _____ Birthdate: _____

Home address: _____

City, State, Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Father/Guardian

Name: _____ Birthdate: _____

Home address: _____

City, State, Zip: _____

Cell: _____ Home: _____ Work: _____

Email: _____

Please let us know if your child has any special needs we need to be aware of:

Tuition Agreement

Room

Hours

Days

___ Infants

___ Full Day (6:30-5:30)

___ Monday

___ Toddlers

___ Morning (6:30-12:00)

___ Tuesday

___ 2/3's

___ Afternoon (12-5:30)

___ Wednesday

___ Preschool

___ Other: _____

___ Thursday

___ Friday

<u>Program</u>	<u>Full time M-F</u>	<u>Half Day M-F</u>	<u>Daily Rate Full Time</u>	<u>Daily ½ Day Rate</u>
Infants	\$735	\$560	\$55	\$45
1-3 years	\$690	\$535	\$45	\$40
Preschool	\$665	\$505	\$45	\$40

Non-Refundable Registration Fees:

New Registration- \$65 per child with a maximum \$130 per family

Yearly supply fee of \$65 after first year enrolled

Infants require a non-refundable \$150 deposit to guarantee the spot. Deposits will come off of the 7th month tuition.

Tuition Amount: _____

Amount paid: _____ CHK ___ Cash ___ CC _____

Printed Parent Name: _____

Parent Signature: _____

Parent Agreement Form

1. INJURY/ACCIDENTS

I understand and acknowledge that illness and accidents do occur, even despite the best efforts of parents, guardians, and teachers. For instance, a child may be ill without anyone knowing, and such illness could cause more severe problems, for the child or other children in contact with such child while at our center or in your care. As stated in the Parent Handbook, our school employs all best efforts to promote a safe and healthy environment, and in order for the school to do so, each parent must cooperate and fully inform the school of all instances of illness, accident or other ailment of your child.

Initial

2. MEDIA RELEASE

Occasionally pictures of your child may be in various forms such as bulletin boards, crafts, our website and facebook page, and promotional material.

Initial

3. SCHOOL BEHAVIOR:

I understand Kingdom Kids Preschool and Play center, Inc. reserves the right to de-enroll a student at any time if child or parent have failed to follow school policies.

Initial

4. DAILY SIGN-IN/OUT:

I understand that as a safety measure for my child(ren), I will sign in and out with my legal signature and exact time, on a daily basis. (This is required by Arizona Dept. of Health Childcare Licensing Bureau)

Initial

5. HOLIDAYS:

I understand that Kingdom Kids Preschool and Play Center is closed for tuition students on the following holidays: New Year's Day, Memorial Day, 4th of July, Labor Day, Thanksgiving Day & Friday after, Christmas Eve, Christmas Day.

If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday. **Normal tuition payment is still due for all holidays.**

Part-Time Students may attend another day within the same week of a Holiday providing there is open slot on that day. (Director will determine regarding capacity).

Drop-In care may be available on some holidays for the drop in rates.

Initial

6. REGISTRATION/TUITION:

I understand an initial, nonrefundable registration fee of \$60 per child is due upon enrollment.

Tuition is due the 1st of each month, with a 3 day grace period. Any payments after the 3rd of each month will be given a \$10 per day penalty for each day late and after 3 days late, your child will be dropped from the program and a waitlist child will be able to take the available spot. Children withdrawn during the month prepaid, are not eligible for a tuition refund for that month or for any unused days. Tuition is charged on the space and time reserved regardless of attendance history. A 30 day advance notice is required for the withdrawal of a child.

No refunds or credits will be given for absent days (including sick days).

If I am a drop in customer, I agree to pay my account at the beginning of each day that my child attends school.

I understand that if my check is returned, a \$35 fee will be added to my account and I will be required to submit the payment in cash. If more than 2 checks are returned, I will be required to make my payments in cash or money order.

I agree that if I fail to pay any sum due and this matter is placed with a collection agency, I shall be obligated and agree to pay all costs and expenses incurred. (Including any percentage of the debt that is retained by the collection agency.)

_____ Initial

7. DROP IN CARE

I understand my child's place is not guaranteed and I must call before drop off to ensure there is availability. I understand Drop In charges will apply and payment is due at time of drop off. Any tuition child left after the regular tuition hours will be billed drop-in rates. _____ Initial

8. VACATION POLICY:

I understand tuition is due regardless of vacation schedules to hold your child's spot. Our regular school programming runs year round. There is not a separate summer registration.

_____ Initial

9. HANDBOOK:

Please read the Parent Handbook that was given.

I acknowledge I have received the Parent Handbook and I have agreed to the school and payment policies outlined. _____ Initial

